After this certificate has been

TO FUNERAL DIRECTOR.

BP.

should be detached

IMPORTANT:

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the buriol tronsit per and Mental Hygiene AB show STATE OF MARYLAND

1 07	STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HY	REG. N	0.	do 1	
	CEASED NAME E OR PRINTS	FIRST		NIDDLE		AST	20. DATE OF DEATH		DAY YEAR	26. HOUR
		Bren		chael		SENNE	November		7	C COO W
3. SE	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY	MONTHS DAYS	HOURS MIN.
	Male		White			il 19,1982	5	YRS		
	IRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	9	D NEVER MARRIED	9 BALTIMORE CITY	R COUN	TY OF DEATH	
	Montal and		IISA		WIDOWE		Frede	rick	County	MD.
10 C	Maryland ITY OR TOWN OF DE	ATH			,	OR OTHER INSTITUTION	12ª USUAL OCCUPAT	ION	126. KIND C	OF BUSINESS OR
1	200			FACILITY, GIVE STREET			(TYPE OF WORK FOR MOST O	OF WORKING	LIFE INDUSTRY	
1000	Mt. Airy	ENC VOVE O	13456	C Old An	napol	is Rd.	None			
13a.	STATE  Maryland	13b COU	NTY	Mt.Airy	N	13d INSIDE CITY LIMITS?	13456 C O1	d An	napolis	Rd. 2177
14. F.	ATHER'S NAME FIRST Mi chae	.1	MIDDLE B.	Brosenne		15. MOTHER'S MAIDEN NA FIRST Sharon	AME Ann	1	Wilkins "	ST
	WAS DECEASED EVER	R IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
	YES, NO OR UNKNOWN)	( IF YES, GI	VE WAR OR DATES)	-		Michael B.	Brosenne,	I.	tem 13	
	18 CAUSE OF DEA PART I. DEATH V					story o	700256		APPROX BETWEEN	CIMATE INTERVAL ONSET AND DEATH
			DUE TO O	AS A CONSEQUE	NCE OF					
	Canditions, if any		(b)_	01560	0 64	tours	hase o	<u></u>		
	cause (a), stati	ng the	)	AS A CONSEQUE					0	4-5
	PART 2 OTHER CIC	NIEIC ANIT	CONDITIONS CO			NOT RELATED TO THE TER	MINAL DISEASE OF CON	DITION		
Z	AKI Z. OTHER SIG	HAIFICAINI	CONDITIONS CC	NAME OF THE PARTY OF THE	ZEATH BUT	INOT RELATED TO THE TER	MINANE DISEASE OR CON	D111014 C	MATIN HALWIGH IS	
ATION	190 DATE OF OPERA	TION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	120h IF Y	FS. WERE FINDI	NGSTISED

IN CERTIFYING CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) The PLACE OF INJURY 211. LOCATION 21d INJURY OCCURRED COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on above (We) (did) (and not view the bady after death and that in (aur) apinian death accurred an the date and hour and fram the causes stated

PHYSICIAN

DEGREE 22c. DATE SIGNED 22b. SIGNATURE MEDICAL STAFF **ATTENDING** 

22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) P. G. Rausch, M.D.

4 W 7th St., Frederick, Md. 21701

DIRECTOR PHYSICIAN

23a BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY Willards, Wicomico, Burial Nov. 12,1987 New Hope 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

CERTIFIC

MEDICAL

Olin L. Molesworth, P.A., Damascus, Md.

STATE

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A TEL SIL TENNITE STEEL SELVE SELVE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remaye carban papers, with the State Dept, of Health and Mental Hygiene prior to burial, crematian, ar remayal.

injury, ar ather traumatic event, th

with the State Copy...

IMPORTANT: If hem 21 is marked at hem 18-shows any

23a BURIAL, CREMATION, REMOVAL

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ed in by the funeral director, page 3 d be filed within 72 hours after death

DEC

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN®

7 3 2 0

5	8	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	).		
		EASED NAME OR PRINT)	FIRST C1	ara ^	NOVirginia	L L	CARBAUGH	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(	ITPE	OR PRINT)	CLARA	UIR	SINIA	/ 4	RBAUSH		11/24/	187	7:28A M
3.	SEX	1'		I. RACE	•	5. DATE O		AGE (IN YEARS LAST BIRT	(HDAY) IF UN	MDER I YEAR	HOURS MIN.
	g.	temale		CAUC	ASIAN	Jul	y 2, 1908	+9	YRS.		A.M.
7a		THPLACE (STATEORE	OREIGN I	L CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OF	_		
L		aryland		U.S.	A.	WIDOWE		Frederi	ick Coun	ity	MD.
10	CIT	Y OR TOWN OF DEA	TH		HOSPITAL, NURSIN		R OTHER INSTITUTION	128 USUAL OCCUPATE (TYPE OF WORK FOR MOS) OF			OF BUSINESS OR
		Frederick	_	(IF NOT IN SUC	Frederice	hNur	noval Hospita		Homemak		
		L RESIDENCE (IF NURSI	NG HOME OR O		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
1	la:	ryland		erick	Frederic		YES NO	6016 Jeffe	rson Pi	ke 2	1701
Įď.	FA	THER'S NAME		NDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		LA	ST
V		Harry		F.	Chew		Bertha	Floatella	ı I	aint	er
16		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU			Joseph A. ADDRE			
L		No	No		579-78-0	)596	6016 Jeffers	on Pike, Fr	ederick	i, Nid	. 21701
Г		18. CAUSE OF DEATH	H (Enter onl	y one couse per	line for (a), (b), and	d (c).)	4 1 1		1	APPROX BETWEEN	(MATE INTERVAL ONSET AND DEATH
L		PART I. DEATH W		CAUSE (0)	/	wpe	ratory farly	ll.			
ı				DUE TO, OF	R AS A CONSEQUE	NCE OF	1 1 1	1.1			
ı		Conditions, if any,		(b)		onles	Twe Mark	parlue			
ı		gove rise to imm couse (a), stating	g the	DUE TO, OF	R AS A CONSEQUE	NCE OF	Me -t	1			
ı	- [	underlying couse	lost.	( (c)		some.	mic man	access			
١,	,	PART 2. OTHER SIGN	HEICANT C	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	IN PART II	0
18	CERTIFICATION	IN CASE OF COURSE	1001	Int COND	TION FOR WHICH	ODERATIO	N WAS PERFORMED	70a AUTOPSY?	20b IF YES, WI	EDE EINIDI	NICELISED
1	2	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	- \-	IN CERTIFYING	G CAUSES	OF DEATH?
1	E	210. ACCIDENT WAS UND	FRITING [	21b. TIME O	F IN ITTRY		21c HOW INJURY OCCURE	YES NOW	YES [	-/	, NO 🗌
		OR CONTRIBUTING	AUSE OF DEA	HOUR A.	M. MONTH DA		The How work occord	LED LEWISK ANIONS OF MICH	I PATIEM 10 PART 1	OR FART 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDIC		P./		19	211 LOCATION			-	
1	ME	WHILE NOT WH	ILE []		EET, FACTORY, OFFICE F	ARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
Н		220.1 certify that		al) attanded the	decented from		11/15 10 84	10 7/1	29 10	84	that / 1 (we) last
н		sow the decease	dalive on		11/24 19	£1 or	nd that in (m) (our) opinion (	death accurred on the do	ate and hour an		
Н		abave (1)(we) (6	lid) (did not	view the body	ofter death.		DEGREE		-	22c. DATE	SIGNED
			GO.	m. A.U.	staullo,	MO	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 📗	//	124/84
1		22d. PHYSICIAN'S NA	ME MYPE OF	PRINT)	. /		22e ADDRESS				
		Ja	OhN .	VITAREL	10 M.D	7 1	310 West Nin	ath St., Fre	ederick.	, Md.	21701

BP.

etained by the haspital ar attending physician.

DHMH - 16 50M 1/8I (VRA 15, 4)

Smithsburg Crematory

23b. DATE

23c NAME OF CEMETERY OR CREMATORY

Smithsburg, Washington, Md.

Cremat 1-28-1987

24 FUNERAL DIRECTO TO BE BEST 106 East Church St. 120 Bast Church St Church St., Frederick, Md. 21701 DEC 08 1987

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All attackers and a second of the contract of the contract of

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  OR ATTENDING PHYSICIAN: The low requires that contracts be executed within 24 hours after death. Page 4 may be be haspital or attending physician  DIRECTOR. After this certificate has been signed the physician and completely filled in by the funeral director, page 3 oched for use as the buriot-transit permit. Then ples

				CARTY	STATE OF MARYLAND		~ ~ 0 0
7 2	282 NOV 1	h ba	FOR STATE REGISTRAR	DEPARTA	IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	FIENS 7 3 2	5 1 0 4
1 6	202 1101 1			MIDDLE	1457	REG. NO.	DAY YEAR 26 HOLLR
	oth o		CEASED NAME JANS CO		Carty	Za DATE OF DEATH MONTH	-20
	nay be page 3 r death		Janice		Carty	6. AGE (IN YEARS LAST BIRTHDAY)	7 87 5 PM
		3. SE.		4 RACE White	S. DATE OF BIRTH MONTH DAY YEAR	, ,	MONTHS DAYS HOURS MIN.
-	Proge 4	7. 0	remale	THE CITIZEN I OF WILLIAM COUNTRY	5 5 09	78 YRS	OF DEATH
	F 2 4 6		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	1
	funeral thin 72 t		TY OR TOWN OF DEATH	U. S. A.	WIDOWED DIVORCED DIVORCED GHOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	MD.
	ž 2 3 2	10.0		(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING HE	
201	× 3 = 2	1	redevick	Meridian Nyv		Homemaker	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	24 havi		TATE 136 GOUN		N 113d. INSIDE CLTY LIMITS?	130 STREET ADDRESS / ZIP CODE 217 LOCKWIII	Terrace
ILA	tely fr	14. FA	Many and M		. IS MOTHER'S MAIDEN NA	WE WOCK TO THE	121196
AAR	complete		Benjamin	rank Arxx	her Millie	MIDDIE	McLean
RE,	5 0-/		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRES154	Westwood Terrace
WO	n and c		VES, NO OR UNKNOWN) (IF YES GIV	one 2/2-24-	6255 Dr. James W.	Carty Jr., Norfo	lk, Va. 23508
ALT	sicra of.		18 CAUSE OF DEATH (Enter on	ly one couse per line to (o), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
F.	nds. mpe entov			E CAUSE (0)	ma		
Z C	1			DUE TO, OR AS, A CONSEQUE	NCE OF \		
EST	6 4 1		Conditions, if any, which	( 16) Coron-	arter depre-	1	
P.	(4)		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	CE OF		1
2	4 0 0 0 0		underlying cause last.	(c)			
35, 20	equires to signed the ple to burio	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	EATH BUT NOT RELATED TO THE TERM	1	EN IN PART 110
ORC	been mit. The prior to	CERTIFICATION	19a DATE OF OPERATION	TIN CONDITION FOR WHICH	2° to myo com		, WERE FINDINGS USED
REC	an hos b r perm ene pr	5	DATE OF OFERNION	THE CONDITION TOR WINCH	OF ERATION WAS FERI ORMED	IN CERTIF	YING CAUSES OF DEATH?
ITAL		ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	YES NO YE  RED (ENTER NATURE OF INJURY IN ITEM 18 P	S NO
≥ Y	4 to 4 to 5		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR		
N	HYSICIA nding p nis certif bursal- I Menta ar frem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER  216 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
/ISIC	I c c - 0	ME.	WHILE NOT WHILE	(AT HOME STREET FACTORY OFFICE F	ARM ETC ) STREET	CITY OR TOWN	COUNTY STATE
ā	OING P		AT WORK AT WORK	tal) attended the deceased from_	9/2/81, 10	10 11/1/87	19, that 📢 (we) lost
	TEN TOR		saw the deceased alive on	111113119	, and that in (my) (dar) apinion	death accurred on the date and hou	
	OR AT DIREC oched f Dept.		22b. SIGNATURE	t) view the body ofter death.	DEGREE		22c. DATE SIGNED
	the Distriction		a. auti	Marc ac.	ATTENDING PHYSICIAN	MEDICAL STAFF	11/9/87
	HOSPITAL by the FUNERAL by the FUNERAL by the State of th		226 PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS		
	O # E E		Dr. A. Aust	tin Pearre, Jr.	310 West 9th	Street, Frederic	ck. Md. 21701
	of of start of the	23a I	JURIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CEMETERY OR CREMATORY	236 LOCATION	
	BP		Burial	Nov. 10,1987 M	ount Olivet Cemeter	ry Frederick Fr	POPT COMMEN
	DHMH - 16 60M 7/84	24 F	INERAL DIRECTORSmith,	Keeney & Basford	Funeral Home 15ND	REC'D BY TO FRAR REGIST	RAR'S SIGNAL VIRE
	(VRA 15, 4)	10	6 East Church S	Street, Frederick	, Md. 21701 NO	1007	Control Control

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STATE OF MARYLAND		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	
CERTIFICATE OF DEATH	9	

STATE OF MARYLAND		. 9	0	7	1
ARTMENT OF HEALTH AND MENTAL HYGIENE	7	3	6-	1	1
CERTIFICATE OF DEATH	REG. NO.				

308 NOV	18	FOR STATE BREGISTRAR			DEPA	RTMENT OF	HEALTH AND MENTAL HYG FICATE OF DEATH		. NO.	2 7	1 0
1-3 be			AZE	_ 11	RENE	COF	FMM	20 DATE OF DEATH	MONTH	3 87	6:34 PM
And a	3. SE	X	4	RACE			OF BIRTH	6 AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER I YEAR	
1 11 10		Female		Whi	te	OC:		85	YRS	MONTHS DAYS	HOURS MIN.
1000	7a. B	RTHPLACE (STATE OR FOR	REIGN 71	CITIZEN OF	WHAT COUNT	RY? B.	ED NEVER MARRIED	9 BALTIMORE CIT			
200	V	irginia		US	SA	WIDOW		Frederi		inty,	MD.
1311	10 C	TY OR TOWN OF DEATH	1 1	1. NAME OF	HOSPITAL, NU	RSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUP	ATION	12b. KIND (	OF BUSINESS OR
off		rederick		Frede	rick Me	emorial	Hospital	Housewi			emaker
83	4 .		HOME OR O		GIVE RESIDENCE B		13d. INSIDE CITY LIMITS?	13e STREET ADDRES			e. / 2 <sub>1</sub> 7 <sub>1</sub>
1369		THER'S NAME				101	15 MOTHER'S MAIDEN NA	ME			
6)(	1	William		dward	Conr	ner	Florence	Myr.			fman
107		VAS DECEASED EVER IN	U.S. ARM	ED FORCES?	166 SOCIALS		17 INFORMANT		DDECC	oute 2,	
pa /	N.	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	213-24	-8071	Sharon Chapp	ell - Rem	ington	VA 22	734
y, or other traumatic ever		Conditions, if any, v gave rise to immer cause (a), stating underlying cause	which diate the last.	DUE TO, CO	PRAS A CONSE	ONENCE OF		PALLIP LOIO VINSCUL	AR DI	serse-	YEMPS
sene prior to o	CERTIFICATION	198. DATE OF OPERATIO					DN WAS PERFORMED	20s AUTOPSY? YES NO	20b. IF Y	YES, WERE FINDI TIFYING CAUSES YES []	INGS USED
or hear 18 show		71a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	USE OF DEATH		OF INJURY .M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF I	NJURY IN ITEM IS	8 PART I OR PART 2)	
5	MEDICAL	21d. INJURY OCCURRED		21e PLACE	OF INJURY REET, FACTORY, OFF	ICE EADM ETC 1	21f. LOCATION	CITYO	RIOWN	COUNTY	STATE
orked	>	WHILE NOT WHILE		(B) NOME 31	MEET, FACTORT, OFF	CE FARM, ETC.)	12/2 74		112	27	
121 is mo		220.1 certify that (1) (1) saw the deceased above (1) (ive) (did					and that in (my) (aur) apinian	death accurred on the	e date and h	aur and from the	, that (1) we last e causes stated
T: If then		226. SIGNATURE	١.	Me	gans			MEDICAL S DIRECTOR PHY	TAFF SICIAN [	22c. DATE	3/87
APORTAN		22d. PHYSICIAN'S NAM	YNE TYPE OR I	Λ_	Dome	R	370 ADDRESS	WICK,	Mo.	2171	6
4° 3 ₹	23a	BURIAL CREMATION, RE SPECIFY) Burial	MOVAL	236 DATE			CEMETERY OR CREMATORY	23d LOCATION	٠.,	COUNTY	STATE
	24.5			11/6/	0/	rark H	eights Cemeter	-0, 1		Frederic	
6 60M 7/84 15, 4)		ohn T. Will	iams	Funera	1 Home	ss Brunsw:	ALOI	TE REC'D. BY REGISTR  V 1 2 1987	Aulia.	~ 4	TURE

W Later Str. of Carte Brokens

law in the beat ing a

Male White Sept. 28, 1918 69  White Sept. 28, 1918 69  White Sept. 28, 1918 69  Wester Married Downson of Death 100 of Dea	723	30 NOV 1	318	FOR STATE REGISTRAR	DEPAR	ETMENT OF I	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	REG. NO.	2711
SERVING   SALE   SALE OF BRINK   SOUTH DATE   SOUTH DAT					WIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Male    Male   White   Sept. 28, 1918   69   1918   69   1918   69   1918   191		e e e	LITP	ORPRINT) 11), LLIG	am RAY		DAV	November	10.1987 9:45Am
Martyland  White  Sept. 28, 1918  69  Was RETHPLACE (STATE OF ORIGIN)  Martyland  U.S. A. WOODED  MARKED DI NEER MARRED DI NEER MARRED DI TREE CHITY COUNTY OF DEATH  Frederick  Frederick  Frederick  Frederick  Frederick  Maryland  William  Frederick  Maryland  Was Response of the minimary of the county of the	ao y	o p	3. SE			5. DATE	OF BIRTH		IF UNDER TYEAR IF UNDER 24 HRS
A CONTRIBUTION OF DEATH   11. NAME OF HOSPITAL, NUBSING HOME OR OTHER INSTITUTION   170. USUAL OCCUPATION   170. USUAL OCCUP	4	1 ×		Male	White	Sep	t. 28, 1918	17	es. 1 12
Maryland   U.S.A.	9	02 -50				Y? 8.	NEVER MARRIED		
The city of town of death    In NAME of Hospital, Nursing Hodge of other institution   The city of Business in No.	eot	E S			U.S.A.			Frederic	k Co., MD.
SSUAL RESIDENCE IF MANSON DROPERS ADMINISTRATE IN THE STATE IN THE STA	offe.	17 /6 4			11. NAME OF HOSPITAL, NUR- (IF NOT IN SUCH FACILITY, GIVE STR Frederick M	SING HOME ( BET ADDRESS)  em . Ho	Spital	17a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	176. KIND OF BUSINESS OR INDUSTRY.
270. I certify that (I) (this hospital) ottended the deceased from 19 7, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated on the control of t	ND 212	THE PERSON NAMED IN COLUMN 1	SU 13a.	AL RESIDENCE LIF NURSING HOME OF	PROTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 1409 N. Mai	n Street, 21771
270. I certify that (I) (this hospital) ottended the deceased from 19 7, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated on the control of t	ž i	1001		ATHER'S NAME				ME	
270. I certify that (I) (this hospital) ottended the deceased from 19 7, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated on the control of t	AAR D	11/10	U				Pearlie	May	Wright
270. I certify that (I) (this hospital) ottended the deceased from	RE, I	2 E 8		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SE				
270. I certify that (I) (this hospital) ottended the deceased from	TIMO be ex	Pogra	1	YES, NOOR UNKNOWN) (IF YES, G	IVE WAR OR DATES) 216-14	-6990	Alberta V	. Day, Same	
270. I certify that (I) (this hospital) ottended the deceased from	N ST., BAL	0 2 L		PART I. DEATH WAS CAUS	ED BY: TE CAUSE (a) TERM	ivac i	ETASTANC PA	ISTATE YMEGI	
270. I certify that (I) (this hospital) ottended the deceased from	1 W. PRESTO	State of the state		gove rise to immediate cause (a), stoting the	DUE TO, OR AS A CONSEC				
270. I certify that (I) (this hospital) ottended the deceased from	RDS, 20	n sign Then to bu	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
270. I certify that (I) (this hospital) ottended the deceased from 19 7, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated on the control of t	AL RECO	hos be	TIFICAT	19a DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	INCE	RTIFYING CAUSES OF DEATH?
270. I certify that (I) (this hospital) ottended the deceased from	OF VIT	Phys		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART 2)
270. I certify that (I) (this hospital) ottended the deceased from 19 7, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated on the control of t	IVISION		MEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY	E, FARM, ETC )		CITY OR TOWN	COUNTY STATE
DEGREE  778. SIGNATURE  1778. DATE SIGNED  1778.		TOR: Affor use a for use a		220.1 certify that (1) (this hosp	1-10 19	87.0	nd that in (my) (our) opinion	death accurred on the date and	, 1957, that (I) (we) lost have and from the causes stated
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (1/10/8)	8 -	hed hem						1	27c. DATE SIGNED
Tra. Physician's NAME (Type or PRINT)	TALO	2 d a d ±		( Norton 1	. morsen	2	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/10/87
TE ESTO MONTHER G MANAGE W C. GOODS VANIA GATTOR MENTURY IN AD 21	SPI	Id be the Signal		1 -1	OR PRINT)	4			A

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 236. DATE

236 NAME OF CEMETERY OR CREMATORY

23d LOCATION

Montgomery, Md.

Burial 11-13-1987 Montgomery Chapel CITYORTOWN Montgomery, Montgom

STATE OF MARYLAND		4.9
DEPARTMENT OF HEALTH AND MENTAL HYGIENES	7	5
CEDTIFICATE OF DEATH	•	

/	10	STATE RIGISTRAR			CERTIF	ICATE OF DEATH	REG. I	NO.		
		EASED NAME FIRST		MIDDLE	1	AST .	20 DATE OF DEATH	HINOM	DAY YEAR	2b HOUR
	(1116)	MATHA	N		Du	MAYER	~~ 61986	2,	1987	2230 M
1	3 SEX	<u> </u>	4 RACE		5 DATE C		6 AGE (IN YEARS LAST B	RTHDAY}	MONTHS DAYS	IF UNDER 24 HRS
	MA	<b>LE</b>	CAUCAS	IAN	FERD	UARY 14 1913	74	YRS		MIN.
4		THPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
1	New	o York	USA		WIDOWE		Frederic	b		MD
7	10 CIT	YOR TOWN OF DEATH			IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION		OF BUSINESS OR
4	A. C.	ederick /		TICK MEMO			Salesman	OF WORKING	(IPE) INDUSTRI	,
2	13a. S		ROTHER INSTITUTION NTY RKELEY	Gerrards	town	134 INSIDE CITY LIMITS?	RT. BOX	Z868	Deerwoo	d 24520
i	13. FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAS	ST.
	A STATE OF THE PARTY OF THE PAR	IKE	THE DATE	DUNAYER		JENNIE			STEGL	
1		AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT		RESS	1.2	***
7	y	25		578-20-4	1229	Doris P. Dun	.ayer/wife/	same (	as 13	
1		18 CAUSE OF DEATH (Enter o		line far (a), (b), and	d (c .)	/ ^			BETWEEN	ONSET AND DEATH
١		PART I. DEATH WAS CAUS	ED BY: .TE CAUSE (a)	CONSESTI	JE 6	SCART FAIL	-URE			
1			DUE TO C	R AS A CONSEQUE	ENCE OF	Mar				
1		Canditians, if any, which	(b)	SEVERE		TERIOSCUERO Tec	CALDO	JASC		
1		gave rise to immediate cause (a), stating the	DUE TO, C	R AS A CONSEQUE	ENCE OF		de	Mar		
		underlying cause last	(c)_							
1	-	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CO	NDITION G	GIVEN IN PART 1	0
	CERTIFICATION			0876		INC FAILUR				
	3CA	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		'ES, WERE FINDI	
2	RTS						YES NO	~	YES	NO 🗆
1		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME O	of injury .m. month di	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM T	B PART 1 OR PART 2)	
	CA	(IF EITHER NOTIFY MEDICAL EXAMIN	R) P	М.	19					
	MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY OFFICE, F	ARM ETC )	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
	`	MHILE NOT WHILE AT WORK								
		22a.l certify that (1) (this has			NUC	. 17		1882 2		that (II (we) last
		saw the deceased alive a abave, (H (we) (did) (did to	ot) view the bady	ofter death.	, a	nd that in (my) (🚧) apinian	death occurred an the	date and h		
		226 SIGNATURE	10	1		DEGREE	MEDICAL	AFF	22c DATE	
		(sing	1. 12	with h		-	MEDICAL ST DIRECTOR PHYS		100	3, 1997
		228. PHYSICIAN'S NAME IT PE	OR PRINT)	-	0	22e ADDRESS				
		DR. G. I. SM	IITH, JR			8TH STREET	FREDERICK,	MARYI	LAND 217	01
		URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	l '	BURIAL	NOV 6,	1987 HII	LLCRES	ST MEM GARDENS	TEFFERSO	NTON O		

DHMH - 16 60M 7/84 (VRA 15. 4)

FOR

74 FUNERAL DIRECTOR FRANCIS J. COLLINSONESS JR.
500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

JEFFERSONTON CULPEPPER VA

and the second s

mary walk At 1988 of CVOH

274 PHYSICIAN'S NAME (TYPE OF PRINT)

23a. BURIAL, CREMATION, REMOVAL

CREMATION

24 FUNERAL DIRECTOR

(SPECIFY)

P. GREGORY RAUSCH

23b. DATE

1621 Opossumtown Pike, Frederick, MD

11/4/87

G. DOUGLAS STAUFFER

STATE OF MARYLAND

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Resthaven Mem. Garden

21701

MOV

O

IF UNDER 1 YEAR IF UNDER 24 HRS DAYS YRS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY EDUCATION 6433 Lakeridge Dr. CRAGHEAD RUTH Mt. Airy, MD 6433 Lakeridge Dr. APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY CITY OR TOWN STATE 22c DATE SIGNED STAFF DIRECTOR PHYSICIAN 4 West 7th St. Frederick, MD STATE Frederick Frederick 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Devideon

2b. HOUR

DHMH - 16 50M 1/81 (VRA 15, 4)

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Church Street, Frederick, Md. 21701

(VRA 15, 4)

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A DEED TO A TENNEROR

Discovery Search Corner, Frederick, 56, 2702

TOTAL TRANSPORT OF MEDICAL PROPERTY AND ADMINISTRATION OF THE PARTY OF

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The

r. poge 3

FOR - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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a Duk	REGISTRAR				ICAIL OF DEATH	REG. NO.			
	EASED NAME FIRST		MIDDLE	L	AST TEN	20 DATE OF DEATH M	AONTH DAY	YEAR	2b HOUR
(TYPE	ELIZAI	BETH	ANN	HA	ALL	November :	14, 19	87	1:15p
SEX	(	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTH		UNDER 1 YEAR	
_	'emale		asian	Feb	. 2, 1918 <sup>AR</sup>	69	YRS	NIHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY OR Frederick		FDEATH	м
	ty OR TOWN OF DEATH		HOSPITAL, NURSING	G HOME C	R OTHER INSTITUTION	128. USUAL OCCUPATIO (14PE OF WORK FOR MOST OF V Ret. Gov 1		12b. KIND C INDUSTRY	None
M		or other institution unity ederick	GIVE RESIDENCE BEFORE  13. CITY OF TOWN  Mt. Plea	sant	134 INSIDE CITY LIMITS? YES NOXIX	13e.STREET ADDRESS / 1		rive/	21701
	illiam L.	WIDDLE	Halî		Gyda Gyda	WE	Gu	nders	en en
Y	VAS DECEASED EVER IN U.S.	ARMED FORCES?	288-44-3		17 INFORMANT Mrs. Ellen Mi	10202 <sup>RES</sup> 11 Mt. Ple			
	18 CAUSE OF DEATH (Enter	only one couse pe	r line far (a), (b), and	lies					IMATE INTERVAL ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIGNIFICAN  PART 2 OTHER SIGNIFICAN				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN	VERE FINDI	NGS USED OF DEATH?
MEDICAL CERTI	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	ZEATH	DF INJURY M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURE	YES YES YES CURRED (ENTER NATURE OF INJURY IN ITEM 15 PART ) OR P			но 🗌
ğ	214 INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, FA	Day 576 h	211 LOCATION	CITY OR TOW	ы	COUNTY	
ME	MHILE NOT WHILE	, ar tionic or	ALLE, FACTORY OFFICE, FA	RM EIC J	STALE	CHTORIOW			STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician is should be detached for use as the burial-transit permit. Then please remove carbon papers. Powith the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

Cremation 11-16-1987

Smithsburg Crematory | Smithsburg, Washington Smithsburg, Washington, Md. 1201 N. Market Street

21701 Frederick, Md.

2.3 1987 Co. State Butter

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M ALZ- GOSWALL M., 21790

Aurial Nov. 19, 1987 St. Paul's Ametery Point of Point, Perferies, Md.

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FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AL HYGIENE?

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		REGISTRAR			MEDI	CAL EXAM	INER'S	CERTIFIC	CATEO	FDEATH	l RE	G, NO.			
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	3 SEX	ALE	CAU	S. DAT	/	YEAR LAST BIR			IF UNDER 2		DATE NOUNCED DEAD	мон		YEAR 19 87	2d. HOUR
		RTHPLACE REIGN COUNTRY		76. C11	TIZEN OF WHAT		10	IEDXX NEV	ED AA A DDIE	9 B	ALTIMORE	ITY OR CO			100
	MI				USA		WIDOV		DIVORCE			Free	leri	ck	MD.
1	10. CI	Y OR TOWI	N OF DEATH			AL, NURSING HO		IER INSTITUT	ION		OCCUPATION OF WORKING LIF			ND OF BUS	SINESS
1		REDERI				CK MEMOR		DSPITA	L	OWNER	/OPERA	TOR	HAI	RDWAR	E
L	13a. S1	ATE	136. C	OUNTY EDERIC	1:	ESIDENCE BEFORE ADM 3c CITY OR TOWN THURMONT	N	13d. INSIDE (II YES 💢	NO .	13e STREET	address ummit	Ave.,	21	189	3
1	14 FA	THER'S NAA	ΛE	MIDDL	E	LAST		15. MOTHE		NAME	MIDDLE			AST	
1		WARD		GUY		HORRS' S			LLIAN				KI	ELLY	
	16a, W (YE	AS DECEAS S, NO, OR UNK	ED EVER IN U.S	S. ARMED FO	DATES)	66 SOCIAL SECU	RITY NO.	17. INFORM	ANT		ADI	RESS			
	YE	ES	W	WII		220-16-1	L948	LOUI	SE HO	BBS, 4	1 SUMM	IT AV	E., TH	URMON	NT,MD
	NC	cause ( lying c	rise to imme a) stating the <u>u</u> ouse lost.	nder-	(c)	A CONSEQUENCE		E OR CONDITION	GIVEN IN PART	T 1 (a)		-0.11			
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	TIFE													ES 🗌	NO 🗆
3	MEDICAL CERTIFICATION	UNDERLYIN	NAL CAUSE WA NG OR TING CAUSE		216 TIME OF IN. HOUR A.M. M P.M.	JURY NONTH DAY YI	EAR 21c. H	OW INJURY	OCCURRED	) LENTER NATUR	E OF INJURY IN I	EM 18 PART 1 O	R PART 2)		
	MEDI	21d. INJURY WHILE AT WORK	OCCURRED  NOT WHILI AT WORK		21e. PLACE OF I STREET, FACTORY	NJURY (AT HOME , FARM, ETC.)		CATION		CIT	Y OR TOWN		COUNTY		STATE
			,	charge of the Natural caus	0-3	cident ,	n Autop	sy,	Inspection de .		equiry X	and in my	opinian		
		ACTUAL (	SI	ent 0	RR	Rober	£_ N	.D. DE	eput,	<b>∠</b> MEDICAL	EXAMINER	DA	TE ENED 44	108	187
4	-	EXAMINER'	RINT)			ENTS		ADDRESS			EXAMINER	ederi	ik M	nd 2	1701
	(58	PECIFY)	ATION, REMOV			13c. NAME OF				23d. LOCAT	WN		OUNTY	STA	
	BI	JRIAL		11/1:	1/8/	BLUE R	LDGE C	EMETER	Ι.	THURN	TONT	FRE	DERIC	K MI	)

07/84 BP 25M

(VR A15 ME (5))

**DHMH** - 17

74 FUNERAL DIRECTOR G. DOUGLAS STAUFFER
1621 Opossumtown Pike, Frederick, MD 21701

BY REGISTRAR 256 TEGISTRAPS SIGNATUR NOV 1

MIDDLE

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FOR - STATE

CO COASED NAME

3. SEX

BP. DHMH - 16 50M 1/B1 (VRA 15, 4) REGISTRAR

FIRST

SAMUEL

4. RACE

apuringcon	WIDO	DWED DIVORCED	1100012011	MD.
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO	AE OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Frederick	Frederick Memor	ial Hospital	THE WORK FOR MOST OF WORKIN	GLIFE IN OWER CO.
6		-		
30. STATE 13b COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	(13d. INSIDE CITY LIMITS?	112 STREET ADDRESS 1133	35 Ijamsville
laryland Fre	derick Ijamsville		Road 21754	, , , , , , , , , , , , , , , , , , , ,
		15. MOTHER'S MAIDEN NA		
FATHER'S NAME	MIDDLE LAST			33 3 4 LAST
Dr. Pemberto	n P. Hollingswor	th first Delr	nine	Robertson
a. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECURITY N			de marca de la
	TT DATES 577-07-74	ca Mrs- Joset	phine S. Holl	ingsworth
IOS WW	11 211-01-14	56 4335 Ijam	ville Rd. I	lingsworth jamsville,Md.
IS CALISE OF DEATH (Enter	only one couse per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUS		***		SCI WEEK ONCE! AND DEATH
IMMEDIA	ATE CAUSE (a)	ue		
	DUE TO, OR AS A CONSEQUENCE O	DE A	6	
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gove rise to immediate	(6)	1911		
cause (a), stating the	DUE TO, OR AS A CONSEQUENCE O	)F		
underlying couse last.	(6)			
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 1 a
	1- / //	1 N 1		
neumin	leen horizal	10/10/		
198 DATE OF OPERATION	196. CONDITION FOR MHICH OPERA	TION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING			YES NO NO	YES NO N
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	1217 HOW IN HIPV OCCUP	RED (ENTER NATURE OF INJURY IN ITEM	
OR CONTRIBUTING CAUSE OF D	LIQUID A 14 HONITH DAY VE	AR INCOME AND A COCCOR	(ENTER NATURE OF INJURY IN HEM	(18 PART I OR PART 2)
(IF EITHER NOTHY MEDICAL EXAMIN		19		
21d. INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION		
WHILE   NOT WHILE	(AT HOME, STREET FACTORY, OFFICE, FARM, ETC	STREET	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK		1.12		
22s.1 certify that (I) (this has	attended the deceased from	0 19	1. 10 100 40	
saw the deceased alive a	in 100 9 19 8 1	ond that in (my) (our) opinion	death occurred on the date and	hour and from the couses stated
	nat) view the bady after death.			
226. SIGNATURE	11.1.	DEGREE		22c. DATE SIGNED
La A	HAULVILA	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	1 111111
274 PHYSICIANS MAME ISH	Distributa	22e ADDRESS /		
97./	11 . 1	1455 \$		Della A
100	HALOWIN	(7) P	My au	France Me
TO BURIAL CHEMATION, REMOVA	1 236 DATE 236 NAME O	OF CEMETERY OR CREMATORY	234/LOCATION	Ma
Burial	St.	Joseph Catho	I ROBING TOWN	Turn County a de march
mural X	Nov. 14, 1987 Ce	Joseph Catho	Thendowedance	WII TI OUT TON
SMITH DIRECTOR	Basford P. Acress Fun	enut Home 259 PA	LE REC'D OY RESOUTERAR 250 BE	CUST DAYS CHENNEL OFF
106 E. Church	St. Frederick	Md. 21701	A T O POI O	
TOO B. OHRIGH	D. Frederick	14. 61/01		

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

REG. NO.

November 10 6. AGE (IN YEARS LAST BIRTHDAY)

MONTH

YRS.

2h HOUR

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Committee of

07/64

**DHMH - 17** 

(VR A15 ME (5))

D. D. Hartzler

Libertytown, MD

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO 20 DATE KNOWN DEATH MATED DATE DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH LAST Phipps 87180Woodville Rd. Mt. Airy, MD 20 AUTOPSY? YES 🗌 CITY OF TOWN COUNTY STATE ond in my opinion Baltimore

Julia Davidson Pandage

REGISTRAR ED NAME William JOHNSON ENRY DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. LAST BIRTHDAY) To BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY) Maryland DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE! Frederick Memorial Hospital Frederick owner-mgr 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a STATE 8718 Woodville Rd./21771 Maryland Frederick Mt. Airv 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Melvin Mildred Johnson 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO IYES. NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Yes WWII Beth G. Johnson 220-20-0815 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) CANDID PHLMONARY HERES! PART I DEATH WAS CAUSED BY CU TE IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d INJURY OCCURRED IL LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Inspection X 226. I certify that I took charge of the remains described above, held on Autopsy Notural couses death resulted from: Accident Suicide Homicide . Undetermined monner TITLE (SPECIFY 15 W 7th Street Frederick md EXAMINER'S NAME RRR ROBERTS MD 23. NAME OF CEMETERY OF CREMATORY Garrison Forest Veterans Cemetery 236 BURIAL, CREMATION, REMOVAL 236 DATE Burial 11/17/87 Owings Mills 24 FUNERAL DIRECTOR

- x2 L

A P WINT

# STATE OF MARYLAND

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	(TYPE OR PRINT)	Ar	ntoine		C.		Jord	an			OF DE ATH	ESTI- MATED		11/	8/ 10 8	7	
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T	a. BIRTHPLAC	E (STATE OR		TIZEN OF WH			MARRIED [	1		- 57	9. BALTIA	AORE CIT			OF DEATH		-
1	POREIGNEOU	ict Of	Col	U.S.	Α.		WIDOWED [			ED [XI	Fre	deric	ck Co	ount	EV.		A.A
		OWN OF DEATH	11. N	AME OF HOSE	PITAL, NURS	SING HOME, O				12a USI	JAL OCCL	JPATION	(TYPE OF W		26 KIND OF	BUSINE	SS
1	Fredi		Ice		South	Stree		cking	g lo	t) FOR	STI	JDEN	T		Scho	STRY	0
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7	4. FATHER'S N	NAME	MIDDI	E	L	151	15. A	OTHER'S FIRST	MAIDE	NAME		MIDDLE			LAST		
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7	60. WAS DEC	EASED EVER IN I	J.S. ARMED FO	DRCES?		AL SECURITY I		FORMAN	11 36		Rock	( ADDR	ESEK		urch	Rd.	N
1	No	, , ,	Non		577-	-04-35	55 D	aisy	Jo	rda	in (Mo	the:	r)	D	.C.		
	18. CAL PAR	JSE OF DEATH (E	Enter only one of CAUSED BY: MEDIATE CAU		for (o), (b),	ond (c).) Gu	nshot	vound	l of	Che	est				APPROXI BETWEEN O	NATE INTER	VAL
1		ig cause last.  THER SIGNIFICANT CD	NDITIONS CONTRIRE	(c) JTING TO DEATH B	UT NOT RELATE	D TO THE TERMINA	II DISEASE OR CO	IDITION GIV	EN IN PAI	T I (a)							
н	Z						L DISERSE OR CO										
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7 3	UNDERICONTR 21d. INJI 21d. INJI AT WO 77a death ACTUAL 51GNAT	ERNAL CAUSE TERNAL CAUSE TERNAL CAUSE TO OR	NAS USE OF DEATH  III.E X  Charge of year	21b. TIME OF HOUR A.M. XXX. TIE PLACED STREET FACTO PATT	INJURY MONTH 11/ FINJURY OF TABLE TO THE CONTROL OF TABLE TO TABLE TO THE CONTROL OF TABLE TO THE CONT	DAY YEAR 8/19 87	216 HOW IN SUDJE 216 LOCATIC STREET ICE &	JURY OCC Ct for N. So J. Indeed The (Spec	outh	show starting the starting terms of the star	Inquiry ermined m	OWN ORNER	Frand in r	COUNTY OPIN	YES E	8/87	id
7 3	UNDERICONTRI CONTRI TIONICONTRI TIONICONTRI WHILE AT WO  ACTUAL SIGNAT  EXAMIN (TYPE O	TE OF OPERATION  ERNAL CAUSE V  LYING OR  IBUTING CAL  URY OCCURRED  AT WOR  AT WOR  THE STATE OF THE STATE O	VAS USE OF DEATH  USE X  Thorogo of y  Dionural down	21b. TIME OF HOUR A.M. XXX. 21s PLACEC STREET FACTO PAIR FRACEC FRACEC STREET FACTO PAIR FRACEC FRAC	INJURY MONTH 11/ IF INJURY MONTH 11/ IF INJURY MONTH Accident	DAY YEAR 8/19 87 IATHOME.  Ot 5,4cc	216 HOW IN SUDJE 211 LOCATIC STREET ICE &	JURY OC Ct fo N SO J Institute (SPEC Chief	outh	Sts Under	Inquiry ermined m	OWN ORNER	Frand in r	COUNTY OPIN	YES &	8/87	iď
L	UNDERICONTRI CONTRI TIONICONTRI TIONICONTRI WHILE AT WO  ACTUAL SIGNAT  EXAMIN (TYPE O	ERNAL CAUSET  LYING OR OR  LYING CAL  URY OCCURRED  RK AT WOR  MER'S NAME  R PRINT  REMATION, REMA	JOHN  JOHN  JOHN  JOHN  OVAL   236 DAI	216. TIME OF HOUR A.M. XXX. 216. PLACED THE MACHED THE SMITH THE S	INJURY MONTH 11/ FINJURY MONTH 11/ FINJURY MOTH 11/ FINJU	DAY YEAR 8/19 87	216 HOW IN SUBJE 211. LOCATIC STREET ICE &	JURY OCC Ct for N. So J. Institute (SPEC Chief	outh  spection  [X]  [FY)  [111	Sts Under	Inquiry ermined in ICAL EXAL St. OCATION ORIOWN	MINER , Bal	Franding	THE IGNED	YES E	8/87	id.

DHMH - 17 (VR A15 ME (5)) in by the funerol be filed

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STATE OF MARYLAN
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DEPARTMENT OF HEALTH AND MENTAL HYGIENES

- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO					
THEASED NAME (TYPE OR PRINT)	Edna.	٨	Myers	KEI	ENE	November		198 <b>7</b>	7:45P		
3 SEX Female		4 RACE White		5. DATE O	DF BIRTH 12, DAY 1889	6 AGE (INYEARS LAST BIRTHDA	_	IF UNDER I YEAR	HOURS MIN.		
Haryland	R FOREIGN		WHAT COUNTRY?	8. MARRIE WIDOWI		P BALTIMORE CITY OR COUNTY OF DEATH Frederick County					
10 CITY OR TOWN OF DI	ATH	( IF NOT IN SUC	OSPITAL, NURSING H FACILITY, GIVE STREET A Od Retire	ADDRESS)	OR OTHER INSTITUTION  Center	12a USUAL OCCUPATION (Type OF WORK FOR MOST OF WO		F BUSINESS OR			
ISUAL RESIDENCE (IF NU 130. STATE Maryland	13b COU		GIVE RESIDENCE BEFORE  13c. CITY OR TOWN FREGERI		138 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI	CODE	Apts.,	21701		
14. FATHER'S NAME FIRST Thomas		MIDDLE	Myers		15 MOTHER'S MAIDEN NAM Carrie	ME MIDDLE G.		Hopki	ins		
(IVPE OR PRINT)  3 SEX  Female  DESTRIPLACE (STATE OR PRODUCTION OF DEAL PACTION OF DEAL PARTIL DEATH WAS DECEASED EVER (YES. NO OR UNKNOWN)  18 CAUSE OF DEAT PARTIL DEATH WAS DECEASED EVER (YES. NO OR UNKNOWN)  18 CAUSE OF DEAT PARTIL DEATH WAS DECEASED EVER (YES. NO OR UNKNOWN)	(IF YES GI	MED FORCES? VE WAR OR DATES) NONC	213-56-5			rs. Caro Per Shewbridge d., Baltimore, Md. 21212					
18 CAUSE OF DEA PART 1. DEATH	WAS CAUSE	TE CAUSE (o)		g -/.	het Forles	ટ .		APPRÖXI BETWEEN C	MATE INTERVAL ONSET AND DEATH		

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION

21d INJURY OCCURRED

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE AT WORK

underlying

MEDICAL

Conditions, if ony, which gove rise to immediate couse 101, stoting the

couse

FOR

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 216 TIME OF INJURY

(AT HOME STREET FACTORY, OFFICE FARM, ETC.)

DUE TO, OR AS A CONSEQUENCE OF

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

211. LOCATION

CITY OR TOWN

our) opinion deoth occurred on the date and hour and from the couses stated

COUNTY

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

STATE

220.1 certify that (1) (this hospital) attended the deceased fro

ond that in (my) DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

20a AUTOPSY?

Dr. Robert L./Kaufmann

P.M.

21e PLACE OF INJURY

310 West Ninth St., Frederick, Md. 21701 23d. LOCATION

should be detoched with the Stote Dept.

IMPORTANT. If Hem 21 in

Buraik

230. BURIAL, CREMATION, REMOVAL

226. SIGNAT

11-14-1987

23c NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

Frederick, Frederick, Md.

106 East Church St., Frederick, Md. 21701

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR

TOTAL STREET

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13 The April 2005 to the State grad 200 and 20 page in proposition proposed. The proposed

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STATE OF MARYLAND

2	1 -	STATE REGISTRAR			DEP	AKIM		ICATE OF DEATH	GRAP	REG.	NO.					
24		CEASED NAME OR PRINT)	SAMUEL	JOH	N		KEY	TON	2a D/	ATE OF DEATH	to 19	/87		11:45A M		
	3. SEX	MALE		4 RACE WHITE			S. DATE C	0/22/98 YEAR		E (IN YEARS LAST 89	BIRTHDAY)	мО	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.		
3	7a. BIF	RTHPLACE (ST	ATE OR FOREIGN	76. CITIZEN OF U.S.A		TRY?	MARRIEI WIDOWE	NEVER MARRIED	F	REDERIC		O YTV	FDEATH	MD		
7		REDERIC		FREDER	HOSPITAL, NI	MOR	TAL H	OSPITAL	TPA	SUAL OCCUPA SEMPLE OR MOS	TION TOF WORKIN	G LIFE)	DATRY	F BUSINESS OR		
	USUA S D S		(IF NURSING HOME OF	ERICK	WOODS.			134 MSIDE CITY LIMITS?	199	35 GRAV	EL H	ILL	ROAD	21798		
0	4 FA	THER'S NAME WILL A	M J. KEY	TON	LAS	r-		IS. MOTHER'S MAIDEN N LYD'T'A BI		IAMÉ						
/	N(	AS DECEASED	EVER IN U.S. AR	MED FORCES?	705-0			RONALD E. K	CEYTO		RESS RT. 4 HACER	4 2ST(	BOX 17	'2B		
injury, or other regular	NOI	gave rise (couse (o), underlying	if any, which or immediate stating the couse lost.	(b)		SEQUE	NCE OF	NOT RELATED TO THE TEL								
2	CERTIFICATION	19a DATE OF C	OPERATION )	19b. COND	ITION FOR W	HICH (	OPERATIO	N WAS PERFORMED		AUTOPSY?	IN CE		NG CAUSES			
9		OR CONTRIBUTE (IF EITHER, NOT	WAS UNDERLYING ON CAUSE OF DEA	HOUR A	.M. MONTH	l DA	Y YEAR	21c HOW INJURY OCCU	URRED (E	NTER NATURE OF 18	IJURY IN ITEM	1B PAR	T   OR PART 2)			
	MEDICAL	21d. INJURY O	NOT WHILE AT WORK		OF INJURY IREET, FACTORY, O	FFICE FA	ARM. ETC }	21f LOCATION STREET		CITY OR	TOWN		COUNTY	STATE		
			deceased ofive on (we/did)/did no				, 01	, 19 nd that in (my) (our) apinio DEGREE ATTENDING	on deoth o	occurred on the			and from the	OX 172B  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  OR PART 110  COUNTY  STATE  , that (I) (we) lost		
MPOKIANI		1	AS PANE ITEM	/				PHYSICIAN 22e ADDRESS	SIRE	CTOR PHY	SICIAN		1	115		
ž/			ALLEN GI			02	AWE OS	1475 TANEY			ERICK		4D			
	/3a B	urial, crema <sup>speci</sup> BURIA	TION, REMOVAL L	231/ DATE 11/2	2/87			EMETERY OR CREMATOR		LOCATION NR. V	JOODS1	BOR	JUNIYFRE	ED. MD		

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The

etained by the hospital or

24 FUNERAL DIRECTOR
D MAMD. HARTZLER

ROCKY HILL CEMETERY

"NR"."WOODSBORD"FRED.

WOODSBORO, MD

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

19 R7	REGISTRAR			CEKIII	FICALE OF DEATH	RE	G. NO.		
	ASED NAME	FIRST	MIDDLE		LAST	20 DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR
III III	WILLI	I MA	EE	K	INCAID		11	04 1987	7 7 am
1 SEX		4. RACE		5 DATE	OF BIRTH	6 AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	
. M/	ALE	WH	LTE	12	07 1935	51	YRS		HOURS MIN.
	HPLACE (STATE OR F	OREIGN 76 CITIZEN C	F WHAT COUNTRY?	B	NEVER MARRIED	9 BALTIMORE C	TY OR COUN	TY OF DEATH	
K		USA		WIDOW		FREDE	ERICK		MD
10 CITY	OR TOWN OF DEA	TH 11. NAME C	F HOSPITAL, NURSIN		OR OTHER INSTITUTION	17a. USUAL OCCL		126. KIND	OF BUSINESS OR
F	REDERICK		Jefferson		d.	SPECIAL			в. І.
	RESIDENCE IF NURS	ING HOME OR OTHER INSTITUTE		E ADMISSION)				nne.	
MI		FREDERICK	FREDERIC		13d. INSIDE CITY LIMITS?	5911 Jes			21701
	HER'S NAME				15. MOTHER'S MAIDEN NA	ME			
pı	HEA	MIDDLE T.	KINCAID		LORETTA	MID	DIE		NSLEY
-		IN U.S. ARMED FORCES			17 INFORMANT	A	DDRESS Ex	ederick	
	ES	(IF YES GIVE WAR OR DATES)  Vietnam	217-30-6	458	Lee Kincaid				, 110
-		H (Enter only one cause p			Thee Killedia	3711 007	. ICI BOIL		XIMATE INTERVAL NONSET AND DEATH
	Canditians, if any, gave rise ta imm cause (a), statin underlying cause	which $(b)$ , nediate $(b)$ , $(b)$ , $(c)$	or as a conseque	ENCE OF	T NOT RELATED TO THE TERM		CA	CAVEN IN BART I	
	PART 2. OTHER SIGN	MUI 61			1240515	TINAL DISEASE OR	CONDITION	GIVEN IN PART 1	10
CERTIFICATION	a. DATE OF OPERAT				ON WAS PERFORMED	20a AUTOPSY	IN CER	YES, WERE FIND RTIFYING CAUSE YES [	
WEDICAL CE	Ta. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE C	OF INJURY IN ITEM	18 PART 1 OR PART 2)	
MED 2	1d. INJURY OCCURE  NOT WHAT WOL	LATHOME	E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC }	21f LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
	saw the decease abov (I))(we) (	(this haspital) attended shalive an lid) (did nat) view the ba	5 10	45	ind that in (fix) aur) apinian	death accurred an	the date and I	have and from the	
	2b. SIGNATURE		Kurs			MEDICAL DIRECTOR P	STAFF HYSICIAN []	22c. DAT	SIGNED
2	2d. PHYSICIAN'S NA	AME (TYPE OR PRINT)			27e ADDRESS				
		ORY RAUSCH			4 West 7th			, MD 21	701
220 811	DIAL CREMATION	DEMOVAL 225 DATE	22, 1	NAME OF	CEMETERY OR CREMATORY	1234 LOCATION	J		

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR G. DOUGLAS STAUFFER

(SPECIFY)

BURIAL

1621 Opossumtown Pike, Frederick, MD 21701

11/7/87

FREDERICK FREDERICK

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

NOV 1987 Julia Treiten Rudses

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

07/84 25M

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF

2 7

	ECEA	SED NAME FIRST	7712	MIDDLE	AMINTER	LAST	CAILOI	20. DATE K	REG. NO.	MONTH DAY YEAR 76			
(TY	PE OR	Dona Dona	1.4	Guy		Kline		OF DEATH	MATED XX	11-9 19 87			
3. SE m	x al	4. RACE	5 DATE OF BIRTH	48 3	9 YRS.		IF UNDER 2			11-9 19 87 1			
		PLACE (STATEOR Soville, MD	USA	HAT COUNTRY?	MA	ARRIED NE	VER MARRIE	DU		County of DEATH			
4	Му	ersville	12543	CILITY, GIVE STREET, Branden	burg Ho			Heavy Dut	TION (TYPE O	rator Excavati			
13a. §	Mâ		e or other institution, Gi	VE RESIDENCE BEFOR	SVILLE	13d INSIDE C	NO 🔁	13°12'54'3 Bi		wrg Hollow Rd			
14. FATHER'S NAME Alvey George Kli				LAST		Rosi	15. MOTHER'S MAIDEN NAME ROSA Catherine						
160 (	YES, N	DECEASED EVER IN U.S. A O. OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	100.000.00	4-9599	17. INFOR/	MANT		ADDRESS				
Z	gave rise to immediate cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)												
LIFICATIO	190	. DATE OF OPERATION	196 CONDI	TION FOR WHIC	FOR WHICH OPERATION WAS PERFORMED?								
MEDICAL CERTIFICATION	UN CC 21d WI	EXTERNAL CAUSE WAS IDERLYING OR INTRIBUTING CAUSE O INJURY OCCURRED HILE NOT WHILE WORK AT WORK	P.M. 21e PLACE	MONTH DAY	YEAR	HOW INJURY	OCCURRED	LENTER NATURE OF INJUI		YES XXX NI RT I OR PART 2)  COUNTY			
	AC	TUAL SNATURE	rge af the remains des	Accident	eld an Au , Suicide	TITLE	DECIEV	Undetermined man	ner ,	DATE SIGNED 11-10-8			
23a.B	(TY	AMINER'S NAMPE OR PRINT)  ALL CREMATION, REMOVAL			OF CEMETER	address_ y or cremato		enn St., I		, Md. 21201			
24 F	YE	Burial Letts Funera	chittende					CD1BY BEGINSON		BARS SIGNATURE			

072286

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

5 2 2 7 3

1	1 - R 8	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH					REG. NO.				
-	1. DEC	CEASED NAME OR PRINT)	Noble		dna		SON	20	November	MONTH	987	26 HOUR 3:15	Aà
4	3. SE)	Female	4	RACE Whi	te	S. DATE C	30,° 1897		AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	_
1	78 BII	RIHPLACE (STATE OR MARY)	FOREIGN 76		WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIE	0 7	BALTIMORE CITY <u>OI</u> Frederi	COUNT		м	ID.
1		Frederic	k	(IF NOT IN SUC	HEACILITY GIVE STREET	tire me	ent Center		USUAL OCCUPATION			F BUSINESS OF	R
1	USU A 130 S	AL RESIDENCE (IF NUR.	13b COUNT	derick	GIVE RESIDENCE BEFORE  13c CITY OR TOW  Frederi		13d INSIDE CITY LIM	AITS? 13	STREET ADDRESS /	zip cot 4th	Street,	21701	
1	14 FA	George	M	E.	Day		15. MOTHER'S MAID		Henkiet		Per		
	16a. W	VAS DECEASED EVER		ED FORCES?	220-44-		17 INFORMANT Mrs. Fran	ces H	ADDRE	SS 143 Cla	16 Lewis	dale Ro Md.20	d. 871
		PART I. DEATH W	M (Enter only VAS CAUSED IMMEDIATE	BY: CAUSE (a)	Const.	Pu	emonary	an			APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH	_
		Conditions, if any gave rise to im cause (a), statu underlying cause	mediate ng the e last	(b)	RAS A CONSEQU Externo	ENCE OF	heart d	w	ay Disease		IVEN IN PART I		_
1	CERTIFICATION	19a DATE OF OPERA					N WAS PERFORMED		20a AUTOPSY?	206. IF Y	ES, WERE FINDIN	NGS USED	-
		218. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEATH	1		AY YEAR	21c HOW INJURY C	OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)		
	MEDICAL	214 INJURY OCCUR	HILE	21e PLACE	OF INJURY REET FACTORY, OFFICE, I	FARM ETC )	21f LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE	_
		22s. I certify that (I sow the decease obove, (t) (we) (		11 -		190 , or	-	apinian dec	ta	te and ha	. 19 8 7 our and fram the		st
		226. SIGNATURE	ふか	reado	du	>	DEGREE ATTEND PHYSIC	DING	MEDICAL STAP	F IAN 🗌	221 DATE	SIGNED , 9, 1987	)
1		22d PHYSICIAN'S N			s, MD		27e ADDRESS 810 Tol1	House	e Avenue,	Frede	erick, M	d. 2170	)1
	(	BURIAL, CREMATION, SPECIFY) Buri	a1.		0,1987 Mc	ount O	EMETERY OR CREMA	etery	23d LOCATION Frederic	k, F	rederick	Mdstate	-
	24 FU	Of East Ch	mith, I urch S	Keeney treet,	& Basfor Frederic	d Fund	21701	250 NOV	12 987	25h AEG	STRAPS SIGNAT	Condess	_

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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07	263	NO	V 20	67	STATE REGISTRAR		DEPARTN	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	l an	9
	e	age 3 deoth			CEASED NAME FIRST OR PRINT) EVA CAT	HERIN	MIDDLE	WIS	AST		_	HOUR 2013M
	ge 4 moy	sctor, pag	2	3. SE)		4 RACE	// White	5. DATE O	DAY YEAR			UNDER 24 HRS OURS MIN.
	deoth. Page	2 hou	PZ	7a B1	RTHPLACE ISTATE OR FOREIGN OUNTRY! LATYLAND		WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY		
	deo	within.	200		TY OR TOWN OF DEATH	U.S.		WIDOWE G HOME O	DIVORCED DIVORCED	Frederick Cour	TINE KIND OF BI	MD. USINESS OR
102	rs ofte	Filed H	4		rederick	Freder	ick Memo	rial		(TYPE OF WORK FOR MOST OF WORKING LIFE Homemaker	INDUSTRY H cme	3
AND 212	1 24 hou	filled in ould be	mást be	13a. S		other institution, vty derick	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Frederic	٧	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 15 West Fifth S	treet/ 2	21701
MARYL	ted within	ompletely and 2 sh	exomine		Samuel	MIDDLE	Stone		Is mother's maiden na/ Carrie	Elizabeth	LAST Harr	
MORE	e executed	Poges	medicol		(# YENG)	MED FORCES? (E WAR OR DATES) NO	217-28-0		Jack Roland	12954 Wood Lewis, Keymar, Ma		ke 21757
ST., BALTI	rificote b	on person	all the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	D BY:	life for (g), (b), one		Eubol		BETWEEN ONSE	E INTERVAL ET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D'	thot the deoth or	d by the Ilensies leose ren iol, cremit	or other transfer		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)_	R AS A CONSEQUE	W	illness.	Possible Influe	100) / u	neck.
ORDS, 2	requires	hen p to bur	nlony,	TION						INAL DISEASE OR CONDITION GIVE		
AL REC	The low	hos	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	IIION FOR WHICH	OPERATIO	N WAS PERFORMED		WERE FINDINGS ING CAUSES OF	
I OF VIT	ICIAN: 1	iol-tro	Item 18 st	-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF DEACH OF DEACH OF THE CONTRIBUTION OF A CONTRIBUTION OF THE CONTRIBUTION OF TH	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18. PA	RT 1 OR PART 2)	
IVISION	offendin	bu A	morked or.	MEDICAL	WHILE OCCURRED NOT WHILE AT WORK	21e PLACE ( (AT HOME STR	OF INJURY	ARM, ETC )	21f LOCATION STREET	A CITY OR TOWN	COUNTY	STATE
٥	ATTENDIA spitol or	O S H	21 is mo		22a.1 certify that (I) (this hospi sow the deceased alive an above, (I) (we) (did) (mid no	1 1	4	7.0	nd that in (my) (avr.) opinion (	deoth occurred on the date and hour		t (1) (we lost
	AL OR A	detoched for	T: If hem		226 SIGNATURE	me	32-		DEGREE ATTENDING PHYSICIAN &	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIG	187
	HOSPIT toined by	Should be detorwith the Stote C	MPORTANT		APPULL		EED		801 TOLL	HOUSE AVE	. FRED	. Mozroj
	₽ ₹ BF				URIAL, CREMATION, REMOVAL BURIAL	Nov.10	),1987 P	lesan	emetery or crematory t Hill Cemetes	'		
		- 16 50M 1/ RA 15, 4)	В1	24 FU 10	NERAL DIRECTORSmith,	Keeney Street,	and Basfo Frederic	ord F	uneral Home PAT ryland	REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE	andres

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OK	12 10 OCT		G633 11-13-87	per med [	DEPARTMENT OF	HEALTI	H AND MENTAL H	YGIENE 7	3 2	7 2	7
			REGISTRAR EXAM CEASED NAME FIRST	WEI	MIDDLE X AMII	AEK.2	CERTIFICATE O	KEO I			
			E OR PRINT)		WIDDLE		LASI	2a. DATE KNOWN [ OF ESTI-	MONTH	DAY YEA	R 26 HOUR
	OR. URS URS EET,		Jose		R.		Limon	DEATH MATED	× 10	4 1987	
	SRECTER	3. SE)		5 DATE OF BIRTH	YEAR LAST BIRTH	DAY) MONT	NDER 1 YR. IF UNDER	24 HRS. 21. DATE MIN PRONOUNCED	MONTH	DAY YE	10:4
	ARY NOV ON ON		ale Black	1 1		rs.		DEAD	10	4 1987	la M
•	WITHIII		RTHPLACE (STATE OR REIGN COUNTRY) Texas	76. CITIZEN OF WE	S. A.		NEVER MARRI	Frederic	k Coun		MD
	PAGE PAGE	10 CI	ty or town of DEATH Frederick	(IF NOT IN SUCH FA	PITAL, NURSING HOA CILITY, GIVE STREET ADDRESS' SE OFF Patr			120 USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE) Sales Cleri		26 KIND OF OR INDU Video	STRY
21201	ATH. IF ANY DELAY IS NECESSARY, PLEASE S 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PM 3, RETAIN PAGE 5 FOR YOUR FILES. 3/D 2 SHOULD BE FILED, WITHIN 72 HOURS. VITAL RECORDS, 201 W. PHE ON STREET,	13a S	AL RESIDENCE (IF IN NURSING HOME OF TATE aryland Frederical Freder	OTHER INSTITUTION, GI		SION)		13e STREET ADDRESS	Bo Av	e. 21	701
. BALTIMORE, MD.	NURS AFTER DEATH. II 18. GIVE PAGES 1, 2, WITH FORM PM 3, III. PAGES TAND 2, DIVISION OF THE	)	THER'S NAME Charles	MIDDLE T.		non		eption		Mur	
IMO	PAG NO	16a V (Y	VAS DECEASED EVER IN U.S. ARM		16b. SOCIAL SECURI		17 INFORMANT	ADDRES	s New	Bright	on, Min
ALT	AAGE VISION NISION NISI		ES, NO, OR UNKNOWN) (IF YES, GIVE V		470-46-6	275	Charles T.	Limon 806West	Jounty	Rd.D	
	OURS AF 18. GIVE 3. WITH MIT. PAG IE, DIVISI		18 CAUSE OF DEATH (Enter only	one couse per line	for (a), (b), and (c).)					APPROXIM BETWEEN ON	ATE INTERVAL
N	EN HOUSE	- Comment	PART I DEATH WAS CAUSED	E CAUSE (a)	Bone ma	rrow e	embolism				
STC	N 24 N ITE A LOP HYGIE AOVA		808	DUE TO, OR	AS A CONSEQUENCE	OF				198	
O.	ALA		Conditions, if any, which gave rise to immediate	(b)	Fractur	red rit	os en en				
201 W. PRESTON ST	CUTED WITHIN 24 HOUR IN PENCIL IN ITEM 18. A EXAMINER ALONG WITHIN IN INTERNIT PERMIT. D MENTAL HYGIENE, D MENTAL HYGIEN		cause (a) stoting the <u>under</u> lying couse last.	DUE TO, OR	AS A CONSEQUENCE	OF					
SQ	(ENEXER		PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TER	MINAL OISEAS	SE OR CONDITION GIVEN IN PAI	T I (e)			
RECONDS	W D D D D D D	N N	Alcoho								
	STANKIT	CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION W	VAS PERFORMED?			20. AUTOPS	SY?
TA.	HIAL OF A	Ħ		0						YES X	NO
2	CATE SHOUL HE WORD "THE CHEP UND BE USED WENT OF HE TO BURRAL	1	210 EXTERNAL CAUSE WAS	21b. TIME OF		21c. H	OW INJURY OCCURRE	ENTER NATURE OF INJURY IN ITEM 11	8 PART 1 OR PART		
3	FE0088		UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH P.M	MONTH DAY YEA		Subject fe	13			
DIVISION OF VITAL	PRE	MEDICAL	214. INJURY OCCURRED	21e PLACE C	OF INJURY (ATHOME,	21f LC	CATION				
P.	WARDE WARDE PAGE STATE D	¥	WHILE NOT WHILE IX		ory, farm, etc) mbankment		off Patrick St	. Frederick, Fr	ed., MD.		STATE
	A PERSONAL		22a. I certify that I took charge	of the remains des	cribed obove, held an	Autop	osy X. Inspection	Inquiry	nd in my opii	nion	
	A FERSION AND THE SECOND AND THE SEC		death resulted from Nature	ol couses	Actidents S	vicide	Hamicide	Undetermined manner			
	WAN WAR		ACTUAL WAY	3 14	Us VI	M	TITLE (SPECIFY)		DATE	10/5/	
	A HE SEE	63	SIGNATURE	.0	7001	J. UN	Assistant	MEDICAL EXAMINER	SIGNED	10/5/	87
	TO MEDICAL EXAMINER: THIS CERTIFICATES EXECUTE THE CERTIFICATE, WRITING THE WORSES A SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENTS BALTIMORE, MARTMAND, 2/201 PRIOR TO BUILD THE STATE DEPARTMENT OF THE STATE DEPA		EXAMINER'S NAME Mari	o F. Goll	e, Jr, M.D		ADDRESS	Penn St.	Ba	lto, M	iD.
	X 2 2 2 4 8	23a. B	URIAL, CREMATION, REMOVAL 23		23¢ NAME OF CE			23d. LOCATION CITY OF TOWN	COUNT		STATE
07/84 25M	BP 827		Cremation	10-27-87	Westvie	ew Mei	morial Park	Catonsville.	Baltir	nore-M	arvland
25M	DHMH - 17	24. FI	JNERAL DIRECTOR	ADDRESS			250. DATE R	ECD BY REGISTRARY 256 REG	HSTRAR'S SIC	MAIL	•
	(VR A15 ME (5))	IATS	arzullo Funeral	Service	Upperco.	MD.	1001	40100			



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

2723 3

REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
1. DECEASED NAME	FIRS1		MIDDLE	ı	ASI	20. DATE OF DEATH		AY YEAR	2b. HOUR
(TYPE OR PRINT)	Robert	L	eroy	-	McCoy	November	16, 19	87	5:40P M
3. SEX	4	RACE		5. DATE C		6. AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS
Male	0.00	White	e	NOV.	16, 1906 YEAR	81	YRS.	ONTHS DATS	HOURS MIN.
To. BIRTHPLACE (STATE	OR FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE CITY		OF DEATH	
Maryland		US	Α	WIDOWE	D NEVER MARRIED D	Frederic	k Coun	t.v.	MD
10. CITY OR TOWN OF	DEATH 1	1. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS OR
Frederick	6715	Fred	erick Mem	orial	Hospital	Machinist			nt Co.
USUAL RESIDENCE (IF		THER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)				1 ochici	10 00.
Many Land	136 COUNT		Dans Cuti		13d INSIDE CITY LIMITS?	622 Dates		+ / 2	1716
Maryland	Frede	TTCK.	Brunswi	CK	YES X NO	622 Brun	SWICK 3	st. / Z	1716
FIRST	_	DDLE	LAST	118	FIRST	WIDDLE		LAS	it
Alonza		ncis	McCoy		Rena	Virgin			rshall
160 WAS DECEASED E		WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT				Box 120
No			232-03-1	517	Gerald L. Mo	cCoy - Shar	psburg		
	EATH (Enter only H WAS CAUSED		line for (0), (b), on		1 11 1	E'L		BETWEEN	IMATE INTERVAL ONSET AND DEATH
PARTI. DEAT	IMMEDIATE		0	nge	stive Iteaut	raill	ive	4	Years
		DUE TO. O	R AS A CONSEQU	ENCE OF	1 1			4	
Conditions, if		(b)_	1	TVte	iviose kroti	L Heart	Distay	7	Yea-1
gove rise to couse (o), s		DUE TO O	R AS A CONSEQU	ENCE OF					
underlying co	ouse lost.	(c)							
	SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	DITION GIVE	N IN PART 1	01
O N			mphys-	rung					
19a. DATE OF OP	ERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	WERE FINDIN	GS USED
19a, DATE OF OPI		1 25				YES NO X		FING CAUSES	NO [
210. ACCIDENT WAS		21b. TIME C		AV VEAR	214 HOW INJURY OCCURR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PA	RT I OR PART 2)	
	CAUSE OF DEATH	1	M. MONTH D.	AY YEAR					
OR CONTRIBUTING  (IF EITHER NOTIFY  21d. INJURY OCC		21e. PLACE		17	211 LOCATION				
ANUITE NO	T WHILE	(AT HOME, STI	REET, FACTORY, OFFICE, I	ARM, ETC )	STREET	CITY OR T	OWN	COUNTY	STATE
	WORK Landing	I) assaudad sh	e deceosed from_	MAG	rch 18 10 82	- to Nove	mhur Ka	9.57	that (() (we) lost
	cosed oliveran	To a C		2	nd that in (my) (our) opinion o			,	
obove, (1)	e) (did) (did not)	view the body	ofter death.		DEGREE	and the control of the control	1010 0110 11001	22c DATE	
220. SIGNATURE	7/	8	>	1	ATTENDING _	MEDICAL _ STA	AFF		-18-87
	1000	quit-4			PHYSICIAN X	DIRECTOR PHYS	CIAN	1//	100/
22d. PHYSICIAN	NAME (TYPE OR	PRINT)	1			Λ.	- 0	0.	154 10D
1	-   <	NLAN	UD		1610 NI	NTH AU	E 1	15 (14)	ICK, MD
230. BURIAL, CREMATIO	ON, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
Burial		11/19	/87   Sa	mples	Manor Cem.	Samples	Manor,	Wash.	, MD

750. DATE REC'D. NOV 20

DHMH-16 30M 2/80 (VRA 15, 4)

24. FUNERAL DIRECTOR

Robert L. Spencer - Harpers Ferry, WV 25425

BP

retained by the hospital or ottend

MBW 0 S VON

March Commence of the state of

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

2

87	REGISTRAR	Mary Wall		CERTIF	ICATE OF DEATH	REG. NO	D.		
	CEASED NAME	FIRST	WIDDLE	(	LAST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOL
1		AKE	DAVIS		MERSON	NOV.	15	1987	9:15
3 SEX		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	# UNDER
MA	ALE	WHIT	E	03	28 1902 1902	85	YRS	DAYS DAYS	HOURS
₹a Bi	IRTHPLACE   STATE OR	FOREIGN 76 CITIZEN	OF WHAT COUNTR	Y? 8		9. BALTIMORE CITY O	7103	F DEATH	
MT	COUNTRY	USA		WIDOWE	D NEVER MARRIED U	FREDERI	CV		
	ITY OR TOWN OF DE	ATH 11. NAME	OF HOSPITAL, NURS	SING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	NC	126 KIND C	F BUSINE
Tet	REDERICK		ROUND HI		D	OWNER/OPER		CAR D	EATE
USU/	AL RESIDENCE IN NURS	ING HOME OR OTHER INSTITUT	ION GIVE RESIDENCE BEF	ORE ADMISSION)				I CAR D	EALE
		13b COUNTY	13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /			0170
MI	ATHER'S NAME	IFREDERICK	FREDER	RICK	YES NO X	7412 ROUN	D HILL	KD.,	21/0
	FIRST	MIDDLE	LAST		FIRST	WIDDLE		LAS	
	EORGE	ALFRED IN U.S. ARMED FORCE	MERS		MARY	EUNICE	cc	DA	VIS
	VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED FORCE		CUKIIY NO.	17 INFORMANT	ADDRE	33		
NO	0	N/A	218-30-	4448	JOSEPH D. O	CONNELL	THURMO		MATE INTER
	Conditions, if ony, gove rise to imm couse (0), statin underlying cause	which by the DUF TO	O, OR AS A CONSEC		of Inforce	Desine		100	so
ICATION	gave rise to immore couse (0), stating underlying cause	which pediote organic lost lost lost lost lost lost lost lost	O, OR AS A CONSEC	O DEATH BUT	NOT RELATED TO THE TERM		20b. IF YES, V	V IN PART 1	NGS USEI
RTIFICATION	gove rise to immorcouse lot, stating underlying cause PART 2 OTHER SIGN	which medicate pg the lost Ic)  NIFICANT CONDITIONS  19b. CO	OR AS A CONSECTION OF A CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY? YES NO	206. IF YES, VIN CERTIFYI	WERE FINDING CAUSES	NGS USEC
. CERTIFICATION	gove rise to immercouse 101, stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UNIT	which mediate has been been been been been been been bee	O, OR AS A CONSEC	O DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY? YES NO	206. IF YES, VIN CERTIFYI	WERE FINDING CAUSES	NGS USED
_	gove rise to improve to improve rise to improve rise to improve roll representation of the results of the results represented the results represented representation of the results represented representation of the results represented representation of the results represented representation	which mediate and the property of the property of the cause of Death Calexaminer.	OR AS A CONSECTION OF THE CONTRIBUTING TO MICE OF INJURY  A.M. MONTH  P.M.	O DEATH BUT	NOT RELATED TO THE TERM IN WAS PERFORMED  21c. HOW INJURY OCCURI	20a AUTOPSY? YES NO	206. IF YES, VIN CERTIFYI	WERE FINDING CAUSES	NGS USED
MEDICAL CERTIFICATION	gove rise to improve to improve to improve to improve the course part 2 other sign that the course part 2 of the c	which medicate medicate possible public to possible public to publ	OR AS A CONSECTION OF AS A CONTRIBUTING TO SECONTRIBUTING TO SECON	O DEATH BUT  CH OPERATIO  DAY YEAR  19	NOT RELATED TO THE TERM	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES	NGS USED
_	gove rise to improve the couse (a), stating underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF ETHER NOTIFY MEDI  21d. IN JURY OCCUR!  AT WORK NOT WHAT WORK AT WORK  22a.1 certify that (1)	which mediate and provided the provided to the	OR AS A CONSECTION OF THE CONTRIBUTING TO SECONTRIBUTING TO SECONTRIBUTING TO SECONTRIBUTING TO SECONTRIBUTING TO SECONTRIBUTION OF SECONTRIBUTING TO SECONT	O DEATH BUT  CH OPERATIO  DAY YEAR  19	NOT RELATED TO THE TERM IN WAS PERFORMED  21c. HOW INJURY OCCUR!	20a AUTOPSY? YES NO	20b. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES  TO OR PART 2)  COUNTY	NGS USEE OF DEAT NO
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDIN

10.00

72227 11011	1	FOR STATE REGISTRAR		DEPAR	TMENT OF HE	OF MARYLAND ALTH AND MENTAL HYO CATE OF DEATH	GIEN® 7	3 2 7	3 0
12331 NOV		GRASED NAME	FIRST	MIDDLE	LA De		20. DATE OF DEATH MON		26 HOUR
oy be deoth			Daniel			ller	Nov. 11,	1987	7:10 A
ge 4 moy ector. poor	3. SE	x Male		White	Aug.	13°, 1951	6. AGE (IN YEARS LAST BIRTHDAY	YRS. 28	HOURS MIN.
Pod in Pod		IRTHPLACE (STATE	OR FOREIGN 7	b. CITIZEN OF WHAT COUNTR	Y? 8.	□ NEVER MARRIED	9. BALTIMORE CITY OR CO		
deorth deorth		altimor	21.	U.S.A.	WIDOWED	DIVORCED X	Frederick	Co.,	MD.
by the fu		nurmont	DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI 7536 Frankl	ING HOME OF	e Rd.	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Park Rang	RKING LIFE) INDUSTRY	F BUSINESS OR
filled in oolid be	130.	ALRESIDENCE (IF STATE aryland	13P CON	other institution, give residence berity 13c CITY OR TO Lerick Thurm	WN 1	13d. INSIDE CITY LIMITS? YES NO 🗌	13e.STREET ADDRESS / ZIF 7536 Fran	CODE	.788 Rd.
BALTIMORE, MARYLAND 21201 cate be executed within 24 hours of campletely filled in by opers. Pages 1 2nd 2 shedid be file wol.  11, the medical examiner must be he into the medical examiner.	) 14. F	Rober	t I	E. Mulle		is. MOTHER'S MAIDEN NA Ellen	WIDDLE	Barnes	5
n ond ce Poges 1		WAS DECEASED E YES, NO OR UNKNOWN NO		war or dates) 166. SOCIAL SEC 215-48		Robert E.	Muller, Sam	e As #13	
: £ 600			EATH (Enter only H WAS CAUSED	8/14	and ici.i	ti freu	monife	APPROXI BETWEEN C	MATE INTERVAL INSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The law requires that the centre certificate has been signed by the buriol-transit permit. Then place the buriol-transit permit. Then place the buriol-transit permit. Then place the model which Hygiene priar to buriot cremating at ren orked them. 18 shows pay injury, or quitt may income or		Conditions, if gove rise to cause (o), so underlying co	immediate toting the	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUE	wer yo	mme Def.	Syndrome		
RDS, 20 equires n signe Then p r to but injury, o	NO	PART 2. OTHER:	SIGNIFICANT CO	onditions <u>contributing</u> to	D DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	ON GIVEN IN PART 110	
AL RECOR	CERTIFICATION	19a. DATE OF OP	RATION	196 CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	20a AUTOPSY? 20b	O. IF YES, WERE FINDIN CERTIFYING CAUSES YES	GS USED OF DEATH? NO [
VISION OF VITA  G PHYSICIAN. Th  other and the buriel-tronsit  ond Mental Hygie  kee. It 18 she		21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY		HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	ITEM 18 PART 1 OR PART 2)	
IVISION O	MEDICAL	21d INJURY OCC		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TTENDIN pital or STOR: Af for use o of Health		sow the dec	eased olive on_	al) attended the deceased fram	,	19	deoth occurred an the dote a		that (I) (we) lost causes stated
SPITAL OR A J by the hos NERAL DIREC be detached e State Dept.		22b. SIGNATURE		LINK	D	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE:	11-87
TO HOSPITAL etained by 11 TO FUNERAL should be det with the State		William	NAME (TYPE OR	PRINT OPER, MD		22e ADDRESS 100	S. Center St.	21788	
7 5 5 4 3 ₹/	23a.	BURIAL, CREMATIO				METERY OR CREMATORY	23d. LOCATION	COUNTY	SIAIF
BP		"Cremat	ion	11-14-1987	securi	ty Process	Catonsvi	lle	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
Charles W. Burrier, Jr., Sykesville, Md. NOV 16 1987

NOV 1 6 1987 Julia Denter Rudes

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26 HOUR DECEASED NAME MIDDLE 20 DATE OF DEATH TYPE OR PRINTI 8 IF UNDER TYPAR 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH Nov. 1913 73 White Female BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Frederick Co. U.S.A. WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Frederick Memorial Hospital Own Home Frederick USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
138 COUNTY
131. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Carroll Maryland 338 E. Baltimore St./21787 NO F Taneytown 15. MOTHER'S MAIDEN NAME A FATHER'S NAME ALIDOH: LAST MIDDLE LAST Gertrude Feeser Crebs Bertha Elmer Ε. ADDRESS 16b SOCIAL SECURITY NO 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 338 E. Baltimore St. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-01-4799 Russell E. Mummert Tanevtown, MD No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Gennacis Living 200 AUTOPSY 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 71a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11EM 18 PART 1 OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET CITY OF TOWN COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram. 1987 sow the deceased alive an above, (I) (we) (did) (did not) view the bady after death. and that in (my) (our) apinian death accurred on the date and have and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

be deto e Stote [ ld be

> DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

(SPECIFY) Buria1

23¢ NAME OF CEMETERY OR CREMATORY Grace UCC Cem.

23d LOCATION CITY OR TOWN

Taneytown, MW Carroll

MD 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR SEGNATURE

the Frederick, md

Skiles Funeral Home

Dilliam

230 BURIAL CREMATION, REMOVAL

O. miller

11/6/87

23b. DATE

136 E. Baltimore St. Taneytown, MD 21787

WALLS SHAFF

Tel de voe

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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7	3	5		W	olian.
050	.10				

Julia Division-Randons

REGISTRAR						REG. N	0.		
DECEASED NAME	FIRST		WIDDLE	L	AST	2a DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
[TIPE OR PRINT]	Mami	e	Baker	PUF	RDUM	Novembe:	c 11,	1987	4:05 AM
1.5EX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BI	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female		Whit	e	Ju		99	YRS	MONTHS DAYS	HOURS MIN
BIRTHPLACE (STATEO	RFOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY	R COUNT	Y OF DEATH	
Maryland		US	SA	WIDOWE	D NEVER MARRIED DIVORCED	Frederi		unty,	MD.
Frederick		(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET Cizens Nu	ADDRESS)	Home	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST)  Housewi	OF WORKING I		F BUSINESS OR
DUAL RESIDENCE (FNU STATE Maryland		TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Frederic	'N	13d. INSIDE CITY LIMITS? YES A NO	13. STREET ADDRESS 701 Rose	/ ZIP COD	Äve., 21	1701
4. FATHER'S NAME FIRST Thomas		NIDDLE	Baker		15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		unknown	ī
68 WAS DECEASED EVE			16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		1.0
(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES	212-38-9	491	Laura H. St	up, It	em 13		
8 CAUSE OF DEA PART I. DEATH	WAS CAUSE	y ane couse pe D BY. E CAUSE (a)	line far (a), (b), an	dicio	e heat	- Lasta	Le	BETWEEN	MATE INTERVAL DISET AND DEATH
19a DATE OF OPER	nmediote ting the se last. GNIFICANT C	ONDITIONS C	IR AS A ONSEQUI IR AS A ONSEQUI ONTRIBUTING TO	ENCE OF DEATH BUT	NOT RELATED TO THE TERMI	20a AUTOPSY?  YES NO	20b. IF YE IN CERT	ES, WERE FINDIN IFYING CAUSES 'ES []	
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(IF EITHER NOTIFY ME			.M.	19					
21d. INJURY OCCU	RRED		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC 1	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
saw the dece	sed alive an	3/1-	10 192			MEDICAL _ STA	FF		
THE PHYSICIAN'S	NAME TYPE	(PEND)	ruse	- ///	PHYSICIAN 2	DIRECTOR   PHYSI	JIAN [	100	10118
		nase, M	.D.		300 W 9th St	. Frederic	k, Md	. 21701	
30 BURIAL, CREMATION	, REMOVAL	23b. DATE	236 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		400	
Burial		Nov.14	, 1987 F	rovid	lence Meth.	Kemptown	, Free	derick,	Md . STATE
4 FUNERAL DIRECTOR					25a DATE	E REC'D. BY REGISTRAF	25b. REGIS	TRAR'S SIGNAT	URE

DHMH - 16 60M 7/84

(VRA 15, 4)

Olin L. Molesworth, P.A., Damascus, Md.

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Cagn	ed debusters					
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and of marin	HAY 1 8 1987 - FARE	•	0) na		• (1	

Robinsolm

STATE OF MARYLAND

2h HOUR

12h KIND OF BUSINESS OR

None

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

21701

STATE

COUNTY

22¢ DATE SIGNED

IF UNDER 1 YEAR

INDUSTRY

Harville Harville

3:52 a M IF UNDER 24 HRS

MPORTANT DHMH - 16 60M 7/84 (VRA 15, 4)

A. Austin Pearre, Jr. M.D. 9th Street Frederick, Maryland 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE Frederick, Frederick, Md. Nov.14,1987 Mount Olivet Cemetery Burial 1200 mess N. Market Stree 250 DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Frederick, Md.21701

1371 - 171210

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE !

DI I I I	120	FOR TATE INSTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	0 4.
0 1 0		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH M	ONTH DAY YEAR 26 HOUR
60.0	YPI	Sister Charitin	na Ryan		Nov. 8, 198	5:45 p
0.0	1,5€		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHE	
\$ L	1	Female	White	May 2, 1891	96	YRS MONTHS DATE HOURS MIN.
11 60	F6. B	HIHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR	COUNTY OF DEATH
220		Mass.	U.S.A.	WIDOWED DIVORCED	Frederick	M
11 677	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	
13 70		lmmitsburg	Villa St. Michae	el, Emmitsburg, Md		Dgtrs.of Char
	usU u	STATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW Prick Emmitsbu	I 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / Z 333 S. Seto	
John State		Charles Ryan	MIDDLE LAST	15. MOTHER'S MAIDEN NA Mary Welc	ME	LAST
1	16a. \	WAS DECEASED EVER IN U.S. AR			ADDRESS	5
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	0957J1 Sr. Josephin	ne-Villa St.	Michael . Emmitshu
on or red			DUE TO, OR AS A CONSEQU	ENCEDENT	4 11.	41
d by the complete com		Conditions, if any, which gave rise to immediate cause (a. stating the underlying cause last:	DUE TO, OR AS A CONSEQU		isty Ala	J. History
en signed by this or Then please remain a to bund, cremate a rejury, or other from	TION	gave rise to immediate cause (a, stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		
has been signed by the or it parent. Then please rema- ere grice to buriol, crempting or a sher train	THEATION	gave rise to immediate cause (a), stating the underlying cause last.	CONDITIONS CONTRIBUTING TO		200 AUTOPSY?	TION GIVEN IN PART TO
ng physician, confricte has been signed by thi of maltennit parmet. Then ploate remains the Hygiene prior to bused, creetant teen 18 shorts only impry, or other from	ICAL CERTIFICATION	gave rise to immediate cause to stating the underlying cause last.  PART 2. OTHER SIGNIFICANT OF THE SIGNIFI	CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D P.M.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  AY YEAR 19	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \begin{array}{c} NO \( \begin{array}{c} \ext{VO} \\ \ext{VO} \\\ \ext{VO} \\ \ext{VO} \\ \ext{VO} \\ \ext{VO} \\ \ext{VO} \\ \ex
otherating physician. The righest by the crisis certificate has been signed by the crisis the burnal transit parmit. Then please remains and Method Hyg ere price to burnal, creenant arked or teen 18 shorts one injury, or ather training and the contractions.	MEDICAL CERTIFICATION	gave rise to immediate cause to stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  21c. HOW INJURY OCCUR 19 21c. LOCATION	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NOTE: NO NOTE: NO NOTE: NO NOTE: NO NOTE: NO NOTE: NO
all ar otherating physician.  8. After this certificate has been signed by thi of use as the burial framst permit. Then ploose remarked and Membal Hygiere prior to buriof, creepast in marked or teen 18 share, any injury, or ather trains.		gove rise to immediate cause to, stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT OF THE SIGNIF	CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D P.M. 216. PLACE OF INJURY	DEATH BUT NOT RELATED TO THE TERM  H OPERATION WAS PERFORMED  AY YEAR  19  216. HOW INJURY OCCUR  19  FARM. ETC.)  216 LOCATION  STREET	200 AUTOPSY?  YES NO NO NOTE:  RED (ENTER NATURE OF INJURY)  CITY OR TOWN	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE  19 that (I) (we) for
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retuined by the hapital or otherding physician.  10 FUNERAL DRECTOR, After this certificate hos been signed by this of shoold be detached for use as the burial transit permit. Then please remaining the State Dept. of Health and Mental Hygines prior to buriol, cremati.  MPDREANT, it here 21 is marked or team 18 shows any mark, or other training.	WEDICAL 230°	gave rise to immediate cause to, stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE)  210. INJURY OCCURRED  210. INJURY OCCURRED  210. NOT WHILE AT WORK  270. I certify that (I) (this hosp saw the deceased alive of the control of the cont	CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D P.M. 216. PLACE OF INJURY IATHOME STREET FACTORY OFFICE.  ital) attended the deceased from  19  OR PRINT)  7. M.D.	AY YEAR 19 216 LOCATION STREET  ATTENDING PHYSICIAN [226 ADDRESS]	PRED (ENTER NATURE OF INJURY OF TOWN  CITY OR TOWN  AMEDICAL STAFF  MEDICAL PHYSICIA  MEDICAL PHYSICIA  E. Emmitsbus  Taga Location	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
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10 FUNERAL DESCION After this certificate has been signed by the or should be detached for use as the burial transit permit. Then ploate remaining the State Dest of Health and Markel Higgines prior to buriol, creating MRDGEANT if hear 21 is marked or item 18 shorts only injury, or other from	23e. (	gove rise to immediate cause to stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT OF THE SIGNIFI	CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D P.M.  216. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE.  1101) attended the deceased from 19  No. D.  236. DATE  236.	AY YEAR  19  216. HOW INJURY OCCUR  217  218. HOW INJURY OCCUR  218. HOW INJURY OCCUR  219  216. HOW INJURY OCCUR  219  219  210  ATTENDING  PHYSICIAN  220  ADDRESS  S. Seton AV  NAME OF CEMETERY OR CREMATORY  T. JOSEPH'S	200 AUTOPSY?  YES NO  NO  NO  NO  CITY OR TOWN  CITY OR TOWN  ABOUT A STAFF  DIRECTOR PHYSICIA  E. Emmitsbur  23d. LOCATION CITY OR TOWN  Emmitsbur  ERECTO. BY REGISTRAR 125	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NITEM 18 PART 1 OR PART 2)  COUNTY STATE  19 that (11 (we) lose and haur and from the causes stated 122c DATE SIGNED 8 NOV. 1987  COUNTY STATE

Seminature Villa M. Stuart, Testining, by. Doild Date T. tre. of Dorolly Mi. Frederick Seminature X 333 . Dato: Corner to

219-91-099741 Ir. Josephins-Willin St. Maleuel, Restroluce

21214

RUBERT RECTORALTENBURG FUNERAL HOME, INC.

6009 Harford Rd., Baltimore, Md.

DHMH - 16 50M 1/81

(VRA 15, 4)

FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

whie Devidour-Rendelli

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THE O I VON

73112 NOV 25		FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	9	7 3 6
noy be	1. DE	CEASED NAME FIRST OR PRINT) Fran	k R.	SMITH, JR.	REG. NO.  2a DATE OF DEATH MONTH  November 12,	1987 12:20 p. M
ge 4 may ector, pag rs after de	3. SE	Male	White	S. Date of Birth Dec. 26 1915	6, AGE (IN YEARS LAST BIRTHDAY) 71 YRS	FUNDER LYEAR FUNDER 24 HRS
heral dir	*	RTHPLACE (STATE OR FOREIGN Maryland	76. CITIZEN OF WHAT COUNTRY U.S.A.	WIDOWED DIVORCED	*BALTIMORE CITY OR COUNT Frederick Co	unty, MD.
by the f		TY OR TOWN OF DEATH Frederick	Frederick Me	ETADORESS HOSPITAL HOSPITAL	The USUAL OCCUPATION THE PROPERTY OF WORK FOR MOST OF WORKING LE	IZE. KIND OF BUSINESS OR HEI INDUSTRY
in 24 hours in the should be must be	13a. S Ma	STATE 136. COU	ROTHER INSTITUTION GIVE RESIDENCE BEF NTY derick Freder	WN 134 INSIDE CITY LIMITS?	210 W. 12th	Street 21701
completely and 2 should be a s	14. 67	Frank	R. Smith,	Sr. Alice	WIDDLE	Esworthy
BALTIMORE, MARYLAND 2120  cote be executed within 24 hours ysicion and completely filled in by opers. Pages 1 and 2 should be fill wal.  11, the medical examiner myst be no		VAS DECEASED EVER IN U.S. A' YES, NO ORUNKNOWN) (# YES, G	RMED FORCES? 166 SOCIAL SE IVE WAR OR DATES) 214-10	0-2206 Street, F	herine Smith, rederick, Md.	210 West 12th 21701
E 6 0		PART I. DEATH WAS CAUS	only one couse per line for (0), (b), ED BY: NTE CAUSE (0)	1 1-0. 1		BETWEEN ONSET AND DEATH  12 HOUVE
DS, 201 W. PRESTON ST, quires the the scattle central signed by the attending at hen please (embar carbonic aremanen ar remainen ar remain	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO	Obstructe Vu	MINAL DISEASE OR CONDITION GI	Se 17 years
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The law requir ratending physician.  As the buriol-transit pennit. Then th and Mental Hygiene prior to b  orked or Hem-18 shows any injury	CERTIFICATION	190. DATE OF OPERATION	Bowel ob	CHOPERATION WAS PERFORMED	YES NO Y	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
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DIVISIONC or attending After this ce as the burie oith and Meni marked at the	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE
Spirter DIN Spirter or CTOR Af for use of Health		saw the deceased alive a	pital attended the deceased from	, and that in (my) (our) apinior	to Openher I	
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TO HOSPITAL TO FUNERAL with the Storie		Max WY	agend M.T	22e ADDRESS 77 W 74	4 St. Fred	ericl, MD
BP		Burial CREMATION REMOVA	X N	Mt.Olivet Cemet	L'inodoniois	Frederick Md.
DHMH - 16 50M 1/B1 (VRA 15, 4)	13	mith Reeney 06 E. Churc	Basford For	Funeral home	16 REG D BY PEGISTRAR 256. REGIS	STRAR'S SIGNATURE

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07/84 **DHMH - 17** 

(VR A15 ME (5))

Burial 11-12-1987

Resthaven Mem. Gardens Frederick, Frederick, Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

74 FUNERAL DIRECTO Mith, Keeney & Dasford FuneralHome 106 East Church St., Frederick, Md. 21701

region Peterick Stricted Contested 1907 1 12 12 12 12 12 12 12 16

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BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

## STATE OF MARYLAND CERTIFICATE OF BEATH

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I	M	ALE		WHITE		MONTH 05	21 192	ear 2	65	YRS	DAYS	HOURS	MIN.
1		HPLACE (STATE OR F	OREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRI	ED 🗆 1	BALTIMORE CITY OF	COUNTY	OF DEATH		
	OI	HIO		USA		WIDOWE			FREDERIC	K			MD,
į	10 CITY	OR TOWN OF DEA	TH 11		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTE		20. USUAL OCCUPATION OF WORK FOR MOST OF		12b. KIND C	F BUSINES	SOR
		REDERICK		FREDEI	RICK MEMO	RIAL	HOSPITAL		CARPENTER			RUCTI	ON
4	USUAL 13a. ST	RESIDENCE (# NURS	136. COUNTY	HER INSTITUTION	13c, CITY OR TOW		134 INSIDE CITY LIA	MITS?	3e. STREET ADDRESS		7	172	ž
	M	D	FREDE	RICK	FREDERIC	CK	YES XX NO		703 MAXWE	LL AVI	E., 04	10	
1	14. FATI	HER'S NAME	MID	DLE	LAST		15. MOTHER'S MAIL	DEN NAME	MIDDLE		LAS	ī	
	R	oss		7.	SMITH		ELIZA	BETH			ENGLE		
1		AS DECEASED EVER	IN U.S. ARME		166. SOCIAL SECL	JRITY NO.	17_INFORMANT		ADDRE	SS		ľ	4D
ı	, ,	ES	WWI		213-16-1	.805	HELEN L.	SMIT	H 703 Max	well A		rede	
ľ	1	CAUSE OF DEAT	H (Enter only o	one couse per	line for (a), (b), an	id (c).)	0				BETWEEN	DMATE INTERV	AL EATH
Ì		PART I. DEATH W	IMMEDIATE (		Car	die	Some	-4	acres				
1				DUE TO, O	R AS A CONSEQU	ENCE OF	- 0 -	- 8					
		Conditions, if any,	which	(b)	my	ola.	السال	Tut	a die				
1		cause (a), statin	ig the	DUE TO, O	R AS A CONSEOU	ENCE OF							
1				(c)									
		PART 2 OTHER SIGN	VIFICANT COI	nditions <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMIN	IAL DISEASE OR CONE	OITION GIVE	EN IN PART 1	3	
ģ	CERTIFICATION	90 DATE OF OPERA	TION	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	)	20a AUTOPSY?		WERE FINDIN		
4	E								YES NO			ИО □	
1		10. ACCIDENT WAS UND		216. TIME O		AY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART 2)		
	CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI			M.	19							
ı	MEDICAL	11d. INJURY OCCUR	RED	21e PLACE	OF INJURY	EARM FIC.)	211. LOCATION STREET		CITY OR TO	WN	COUNTY	ST	ATE
		WHILE NOT WE	HILE	, a monte on	cer, racroni, orrace,	,							
1	2	22a.1 certify that (1)				2-7		87				that (I) (w	
1		saw the decease abave, (1) (we) (	ed olive on did) (did not) v	iew the body	ofter death.	0/	nd that in (my) (our)	opinion de	ath occurred an the do	ite and haur	and from the	causes stat	ted
1	2	126 SIGNATURE	-	N			DEGREE	DINIC	MEDICAL STAF	E	22c. DATE	SIGNED	
		K.	5				ATTEN PHYSI		DIRECTOR PHYSIC	IAN			
	2	Kusay	AME (TYPE OR PE	A C	AKAT		310 W	9#	= Street	- he	Sick?	M 25	-170
1		RIAL, CREMATION,		23b. DATE		NAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION CITY OR TOWN		COUNTY		ATE
	В	URIAL		11/13/		leasar	nt Hill Ce		Yellow Sp		rederio	ck M	
		NERAL DIRECTOR			STAUFFER				REC'D. BY REGISTRAR	256 REGISTI	RAR'S SIGNAT	URE	ALC:
	1	621 Oposs	umtown	Pike,	Frederi	ck, MI	21701	NOV	1 2 1987	رکانا الله	Manual 1	-	

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE " - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN ASED NAME ESTI-S NECCO. FOR THE S. (1886) FOR YOUR FILES. (1886) FOR YOUR STREET SEE STON STREET DEATH MATED JOSE N. SOUSA 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE PM PM MONTH YEAR LAST BIRTHDAY) 30 YRS Male White 11-11-87 6:43r To BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY DIVORCED E Frederick County A STATE LIST AND COLUMN TYPE OF WORK TO KIND OF BUSINESS Portugal Portugal WIDOWED [ IS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Owner-Operator Frederick Food Frederick Memorial Hospital 21701 30 STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 136. COUNTY 8240 Blackhaw Court Frederick Maryland Frederick 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Sousa Maria Ponte Jose DIVISION ADDRESS nce , Rhode I sland 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 038-42-9272 Jose G. Sousa 152Walnut St. EastProvide-INER ALONG W REMAIT PERMIT. TAL HYGIENE, DI CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries MAMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIALlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND-21 201 PRICK TO BURIAL, YES Z NO [ 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING COR driver of an auto/auto impact CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK Rt. 26 rt. 194 Frederick Co., Maryland howy. 220. I certify that I took charge of the remains described above, held an Inspection Accident X death resulted frolin: Natural couses Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL

**DHMH - 17** (VR A15 ME (5))

11-16-87 Burial 24 FUNERAL DIRECTOR Marzullo FuneralService

SIGNATURE

EXAMINER'S NAME

230 BURIAL, CREMATION, REMOVAL 236. DATE

TYPE OR PRINT)

23c. NAME OF CEMETERY OR CREMATORY Gate of Heaven Cemetery

Upperco, MD.

Margarita A. Korell, .M.D. ADDRESS.

23d. LOCATION EastProvidence Providence

111 Penn Street

M.D. Assistant MEDICAL EXAMINER

STRAP A TREE THE TOTAL

DATE SIGNED 11-12-87

THE Y I YOU

cote be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certification

retained by the haspital or attending physician.

BP.

completely filled in by the funeral director page 3 alond 2 should be filed within 72 hours after death

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DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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MUN	12	1 - 07	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENT		IENES 7	J 2	. /	4 0	
TYUY	13		CEASED NAME	EIRST		MIDDLE	4	AST		2a DATE OF DEATH	1 1		26 HOUR	
deat				LILLI		LOUISE	/	hompso.	N		11/6	187	3:05AM	
Ter o		3. SE>			RACE		5 DATE C		FAR /	6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS	
25.0			Femal	e	CAUCASIAN 2/13/28					59	YRS			
ě d	2	7a. BIRTHPLACE   STATE OR FOREIGN			LITIZEN OF WHAT COUNTRY?					9 BALTIMORE CITY O	OF DEATH			
9	1	M			USA		WIDOWE			FREDERI	CK		MD.	
With Red o	1	10. CI	TY OR TOWN OF DEA	TH 11.	. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IE NOT IN SUCH EACHLITY, GIVE STREET ADDRESS)					120 USUAL OCCUPATION		12b. KIND OF	F BUSINEAS OF	
and 2 should be filed wi	40	F	REDERICK	I		ICK MEMOR		OSPITAL		RETIRED/N				
be d	28	USUA 13a S	L RESIDENCE (IF NURSI	NG HOME OR OTH	ER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIA	MITS?	13e STREET ADDRESS /	ZIP CODE			
D T		MD FRED		FREDE				YES X NO		JJ 101 Wav		Dr., 21	701	
2 sh		14. FA	THER'S NAME	MIDI	DUE	LAST		15. MOTHER'S MAIL	DEN NAM	AE MIDDLE		LAST		
and 2	11	0	SCAR G			LEDFORD				MIDDLE		WALKER		
Pogen			VAS DECEASED EVER	IN U.S. ARMEI		166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRE	Frederick, MD			
	1	N		N/A	AR OR DATES	213-24-8	3006	Patrici	a K1					
papers. navol. ent, the			18 CAUSE OF DEATI	H (Enter only o	ne cause per	line far (a), (b), on	dicing	, , ,	/	. /	-		MATE INTERVAL DISET AND DEATH	
emavol event, t			PART I. DE ATH WAS CAUSED BY WENLINGURAN Froulation											
0 0				MINEDIATE		R AS A CONSEOUI				<u> </u>				
nove carb lation, ar traumatic			Canditians, if any,	which (	(b)	K AS A CONSECU	Wiki	muc In	laut	assare	/			
mot			gave rise to imm	nediate	DUE TO O	R AS A CONSEOUI	ENICE OF	* /		/				
), crem other			underlying cause		10,0	K AS A CONSECUT	dia	beter 1	mul	letur				
urral y, ar			PART 2 OTHER SIGN	HEICANT CON	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMI	INAL DISEASE OR CONI	DITION GIVE	EN IN PART 1:0	)	
Ther injur		ON												
prio	1	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES	, WERE FINDIN	GS USED	
pene swe	0	E										TIFYING CAUSES OF DEATH? YES \( \begin{array}{ccc} NO \( \begin{array}{ccc} \end{array} \)		
ol-transit tal Hygi m 18 sha	0	Ü	21a. ACCIDENT WAS UNE	_	216. TIME C	FINJURY M. MONTH D	AV VEAD	21c HOW INJURY	OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IS PA	ART I OR PART 2)		
ntol mol	G	₹ :	OR CONTRIBUTING (			M. MOIVITI DI	19							
A We		EDICAL	21d INJURY OCCURE	RED	21e PLACE	OF INJURY REET, FACTORY OFFICE E		211 LOCATION		CITY OR TO	WN	COUNTY	STATE	
e as the alth and marked		Z	AT WORK NOT WH	ILE .	(AT HOME ST	REET, PACTORY OFFICE E	CARM EIC }	,						
eolth ma			22a.1 certify that	(this haspital)	attended th	e deceased fram_	****	11/6, 19	84		16	19 07 1	tho (1)(we) last	
of H			saw the decease above (1) (we) (6	d alive an	ew the hady	otter depth	87.01	nd that in (my) our)	оріпіал с	death occurred an the do	ite and haur	and from the	causes stated	
ept fem		1	226. SIGNATURE		11	2:4	11	DEGREE				22¢ DATE	SIGNED	
detac tote D				0/	8 mil	4. Mari	110/	ATTEN PHYSI		MEDICAL STAF				
should be detached f with the State Dept IMPORTANT: If Item 2			JOHA)	A. V	1	=16 ML	)	22e ADDRESS						
48 3 ₹		23o E	BURIAL, CREMATION,	REMOVAL	236 DATE	23c. I	NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION		1000		
			SPECIFY) URIAL		11/9/	87 T.c	Cust	Grove Cem		Mt. Airy	Fre	ederick	MD	
60M 7/8	R.a	-	INERAL DIRECTOR	G. DO	JGLAS	STAUFFER	2000		250 DATE	E REC'D. BY REGISTRAR				
15, 4)	-	1	621 Opossu	mtown 1	Pike,		, MD	21701	NO	V 1 2 1987	Julia	Devideon.	Kandass	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers, Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND 2 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	B18	FOR 7STATE REGISTRAR	3	2 /		4								
ı		CEASED NAME FIRST	MIDOLE		L	AST	20. DATE OF DEATH	MONTH	DAY YE	A,R	2b. HOU	R		
1	(TYPE	Rober-	+ Euc	rene	Ti	icker		11	5 8	7	075	13AM		
4	3. SEX		4. RACE	<b>'</b>	5. DATE C		& AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1		IF UNDER	24 HRS		
		Male	White		July	6, 1962 YEAR	25	YRS		DAYS	HOURS	MIN.		
П		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNT	TY OF DEAT	н				
)		V. Va.	USA		WIDOWE		Frederick	Cour	ity,	MD.				
/	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPIT			OR OTHER INSTITUTION	17a USUAL OCCUPAT (TYPE OF WORK FOR MOST O				BUSINE	SSOR		
	E	Frederick	Frederick	Memor	rial :	Hospital	Painter		C	ons	struc	ction		
	13a S		NTY 13c C	SIDENCE BEFORE A	4	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 3611 SOU	ZIP COL	DE En. Ro	. /	/ 21	758		
4	_	THER'S NAME	der ren	10111 3.1.1		15. MOTHER'S MAIDEN NAM								
М		6 MTs.E	WIODEE	LAST		FIRST	WIDDLE		1.	LAST				
4			known	0.5111.05.5110		Kathryn	Jean ADDR			CKE				
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 168 SO	OCIAL SECUR	RITY NO.	17 INFORMANT		201		_	n.			
	_ N	No.	2.1	13-82-8	3126	Charles Leope	old, Jr	Knoxy	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			758		
	N	Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									Y 400 O			
5	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH (	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS USED ING CAUSES OF DEATH?					
7		710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. M		Y YEAR	21c. HOW INJURY OCCURR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)							
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJ	IN PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC.)  211 LOCATION STREET			CITY OR TO	OWN	COUNT	COUNTY STATE				
		22a   certify that (1) (this haspital) attended the deceased from 1985 19 to 115 1952 that (10) (we) less saw the deceased alive on 1982 and that in (47) (aur) apinion death accurred an the date and haur and from the causes stated above (11) (we) (40) (did did not) view the body after death.												
w.		22b. SIGNATURE	Zh	<u></u>		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	220 0	11/5/8 5					
1		22d. PHYSICIAN'S NAME (TYPE C				22e ADDRESS								
		P. G. Rausch				4 West 7th S		eder:	ick, M	D	170	1		
	23a B	surial, cremation, removal Specify), Burial	236 DATE 11/7/87			emetery or crematory defendency	23d LOCATION CITY OF TOWN KYLOXVIII	e, Fi	rederi	.ck	, MD	STATE		
			1 ==/ ./	1 - 7 - 7										

DHMH - 16 60M 7/84 (VRA 15, 4)

John T, Williams Funeral Home Brunswick, MD

NOV 1 2 1987 Production Production

rector page 3 urs after death

FOR STATE

	STATE	OF M	ARYL	AND	
OF A DEALERS		41711	4.810	BACALT	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

MI	REGISTRAR						REG					
	CEASED NAME	FIRS1	16	MIDDLE		AST TEMPERT D. C.	20. DATE OF DEATH		DAY YEAR	26 HOUR		
Flore				atilda		ITTUM	Nov. 30			12:40 J		
3. SEX			4. RACE White		5. DATE C	29, ° 1890 EAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS MIN.		
Female 7a. BIRTHPLACE (STATE OR FOREIGN				WHAT COUNTRY?	Valit.	29, 1090	9 BALTIMORE CITY	YRS	Y OF DEATH			
E	ngland		Engl	and	WIDOWE		Frederi	ck Con	inty,	MD		
	rederick	ATH		dian Wurs		enter institution	Homemake		IZE KIND O INDUSTRY HOM	e BUSINESS OR		
15UA 13 <sub>0</sub> S	TATE  TYPE	113b COUN		131 CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET ADDRES	s zur cou	£., 2170	1		
4 FA	THER'S NAME FIRST John	۸	MIDDLE	Curtis		15 MOTHER'S MAIDEN NA/		:	Pear	son		
	AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADI	PRESSO K	line Blv	d.		
1 4	No	None		214-36-6	828	Mrs. Grace J.	Routzahn,	Frede	erick. M	d. 21701		
ATION	Canditions, if any gave rise to im cause (a), stati underlying cause	/, which mediate ng the e last.	DUE TO, C  DUE TO, C  DUE TO, C  DUE TO, C  (c)  ONDITIONS C	OR AS A CONSEQUE	ISEQUENCE OF  IG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
CERTIFICATION			196. CONDITION FOR WHICH OPER				YES NO	IN CERT	IFYING CAUSES	S, WERE FINDINGS USED YING CAUSES OF DEATH?  S NO		
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	22a I certify that (1 saw the decease obove, (1) (we)	sed alive an	11-2	J 19 &		nd that in (my) (our) apinian of	death accurred on the	e date and ho	aur and fram the			
	226. SIGNATURE	nm	a	Strong		ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN []	12	447		
	Dr. Th		Stone,	M.D.		la West Thir	d Street,	Frede	rick, Md	. 21701		
(	SURIAL, CREMATION SPEC Burial UNERAL DIRECTOR NAME MITT	Reen	Dec. ey and	2, 1987 M	t. 01 unera	ivet Cemetery  1 Home  Md. 21701	E REC'D. BY REGISTR	AR 256 REGI	rederick STRAR'S SIGNAT	URE		

DHMH - 16 60M 7/84

(VRA 15, 4)

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Land American and the VO Parties in the State of the Stat

070.00		FOR		TE OF MARYLAND HEALTH AND MENTAL HY	GIENE ( )	7 4 3
073133 NO	1/2	5ag7 <sub>RAR</sub>			DEATH REG. NO.	
1		CEASED NAME FIRST E OR PRINT)	WIDDLE	LAST	20. DATE KNOWN XX MONTH	DAY YEAR 26 HOUR
ET.	(	James	A	Wilson	DEATH MATED 11-	-11 19 87 M
PLEASE ECT. 3. R. ES. Nh. IRS	3. SE)	4. RACE	5. DATE OF BIRTH NONTH DAY YEAR LAST BIRTHD	The state of the s	HRS. 24 DATE MONTH PRONOUNCED	DAY YEAR 24 HOUR 6:46
DELAY IS NECESSARY, PLEASE 31 OTHE FUNERAL DIRECT—R. IN PAGE 5. FOR YOUR _ES. TO WITHIN 72 L. IRS TO WERESTON STREET,	1	MW	7 9 1932 55	The state of the s	DEAD 11-	-11 19 8/ a. M
WAS THE SE		RTHPLACE (STATE OR REIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
SAN		ENN.	U. S. A	WIDOWED DIVORCED		2
SH R R R	10. CI	TY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)</li> </ol>	E, OR OTHER INSTITUTION	FOR MOST OF WORKING LIFE)	OR INDUSTRY
7 453 4 1	1000	Frederick	Frederick Memoria		NAVY	U.S. 50V T
AND 3 TENTAIN SETAIN SE		TATE 13b. COUNT	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISS	13d INSIDE CITY LIMITS? 13	Be STREET ADDRESS	4/11
ST S	1	MARYLAND 6	A MT. AIR		13102 MANOR	DRIVE
DEATH.	)	THER'S NAME	MIDDLE	15. MOTHER'S MAIDEN I	NAME	LAST
IMORE, MI FR DEATH PAGES 1. CORM PM CORM PM CORM PM		VAS DECEASED EVER IN U.S. ARM	D WILSON ED FORCES? 166. SOCIAL SECURIT	Y NO. 17. INFORMANT	ADDRESS (**)	NORTH
	(Y	ES, NO, OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	A A	13/0	1 1111111111111111111111111111111111111
JRS AFTI JRS AFTI B. GIVE WITH FO DIVISIO			GAN 1258-46	1661 JOSEPHI	NE WILSON MT.	APPROXIMATE INTERVAL
M ST., 4 HOUR EM 18. DNG W ERMIT. IENE, D			ane cause per line for (a), (b), and (c).) BY: CAUSE (a) Arteriosclero	tic Cardiovascul	lar Disease	BETWEEN ONSET AND DEATH
CON ST 124 HOV 115M 1 120NG 120NG 120NG 120NG		IMMEDIATE	DUE TO, OR AS A CONSEQUENCE		at Disease	
PRESI THIN JER A AL HY REMC		Conditions, if any, which	552 10, 54 715 71 55 152 52 1162	0,		
W. WING		gave rise to immediate couse (a) stating the under-	DUE TO, OR AS A CONSEQUENCE	OF /		
ON WELL		lying cause lost.	(c)			
A SO SESSE		PART 2 OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN IN PART 1	(a).	
L RECORDS.  ULI BE EXC.  "ENDICAL  ED AS A BUE  HEALTH AN  AL, CREMATII	NO					
TAL RE HOULE OF HE OF HE	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPER	RATION WAS PERFORMED?		20 AUTOPSY?
E SHOUL WORD "R BE USED BURGHE	TIF					YES 🔀 NO
INTERPORT SHOW OF THE SHOW OF THE WORD, TO THE CHIEF HOULD BE USE ARTHORY TO BURRANT OF THE SHORY TO BURRANT TO B		210 EXTERNAL CAUSE WAS	HOUR A.M. MONTH DAY YEAR		ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR	RT 2)
RIFICATE NO THE WOTHEN THE WOTH THE WOT	MEDICAL	CONTRIBUTING CAUSE OF D				
> HEBSE	MED	21d. INJURY OCCURRED WHILE NOT WHILE D AT WORK AT WORK	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN COU	UNTY STATE
I SAPET		AT WORK AT WORK				
POR FORE NO.		220 I certify that I taak charge	of the remains described above, held an	Autapsy X, Inspection	, Inquiry , and in my op	inion
EXAMIN CERTIFIC ULD BE DIRECT WITH I		death resulted fram: Natura	couses A. Accident . Su	ricide, Hamicide,	Undetermined manner	
WAY WAY		ACTUAL WADER	on the Up 10	TITLE (SPECIFY)  A SSISTANT	DATE	11-12-87
A SE		SIGNATURE	WHC TIVE	M.D.ASSISCAIIC	_MEDICAL EXAMINER SIGNED	D
SER DAY	-	EXAMINER'S NAME Marga	arita A. Korell, M.	O. ADDRESS 111 PG	enn St., Balto., Mo	3. 21201
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2	23a.8	JRIAL, CREMATION, REMOVAL 23	DATE 23c NAME OF CE		23d. LOCATION CITY OR TOWN COUN	
07/84 BP	1	PECIFY)	1-16-1987 APIINI	TON NATIONAL	ARLINGTON ARLING	1/1
25M DHMH - 17	24 F	JNERAL DIRECTOR	2211 BEALLSVII	LLE RD 250. DATE REC	CD. BY REGISTRAR 256 REGISTRAR'S S	
(VR A15 ME (5))	W	C. HILTON	BARNESVILLE	MD NOV 1	1 8 1987 Antia Dirido	m. Radale

8 1 VOV